



Clipston Endowed (VC) Primary School

Headteacher: Mrs Emma Mercer

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Dear Parents and Carers,

The Administration of Medicine in School

We would like to advise you of our school guidelines with regard to the administration of medicine within school which take into account stringent rules that we are obliged to follow.

If children are unwell and require medication, serious consideration should be given as to whether they are well enough to attend school. If children do attend school and require medication, staff may volunteer to administer medicines. The **prescribed** medicine should be brought to school by an adult and passed over to a member of staff. This **must** be accompanied by the attached form (signed) and should be in its original container. Without this no medicine can be given.

- The only medication which can be administered by staff are those **prescribed** for a pupil with written instruction from a parent or carer. Although staff are willing to voluntarily administer medicines with parental instructions, parents need to accept that the school and its staff do this on a voluntary basis and are not to be held responsible for the consequences of administering the medicine.
- Commercially available medications, such as painkillers (Calpol etc.), should not be administered in schools to pupils. Separate, formally agreed, arrangements are acceptable on educational visits that involve an overnight stay.
- These procedures are for one-off, short term medications such as courses of antibiotics for short term conditions such as infections.
- The administration of medication for long term, continuous conditions such as asthma and allergies are covered under our Supporting Children with Medical Needs Policy which requires a Medical Care Plan and a different consent form. Please arrange and appointment to speak with the Inclusion Manager if your child needs a Care Plan.

In the event of your child being taken ill during school hours, it is important that you keep us up to date with any changes to your contact details, so that we are able to reach you in the best interests of your child.

Yours sincerely

MRS EMMA MERCER
Headteacher



A Church of England Primary School

PRESCRIBED MEDICINE

Name of Child

Class

Dosage

Time of Administration

I give my consent for the school to administer this medicine to my child.

Signature of parent/guardian.....

Date

PRESCRIBED MEDICINE

Name of Child.....

Class

Dosage

Time of Administration.....

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