



HEPTONSTALL SCHOOL MEDICINE POLICY

Only medicines that need to be taken **4 times a day** or those that need to be taken before food at lunchtimes will be administered by named school staff. It is up to the child to remember to attend for their medicine. School cannot be held responsible for any child who forgets – although of course we will do our best to remind them.

Medicines such as Calpol should not be brought into school.

Under no circumstances should medicines be kept by the children (with the exception of asthma inhalers).

All medicines are kept in a cupboard in the school office or, if necessary, the fridge in the staffroom and must be accompanied by a Medical consent form - which is available from school- from parents. (See below) They must be clearly labelled with the child's name.

At the end of the school day medicines must be collected from the school office.

Information correct as of September 2022

HEPTONSTALL SCHOOL MEDICINE CONSENT FORM



Parental agreement for school to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

| | |
|----------------------------------------------------------------------------------------------|--------|
| Child | |
| Class | |
| Date of birth | |
| Medical condition or illness | |
| Name/Type of Medicine (as described on the container) | |
| Expiry date | |
| Dose amount | |
| Timing | |
| Special precautions (if any) | |
| Are there any side effects that the school needs to be aware of? | |
| Self administration? | YES/NO |
| Number of days medicine is to be administered for | |
| Does this medicine need to be collected by the child/parent and taken home every night | YES/NO |

NOTE: we will not normally administer a lunchtime dose of medicine if the child has to take it 3 times a day unless absolutely unavoidable.

I understand that I must deliver the medicine personally to the school office.

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

Signed _____ Date _____

IF MORE THAN ONE MEDICINE IS TO BE GIVEN, A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL PUPIL

| | | | |
|-------------------------|-----|-----|-----|
| DATE | / / | / / | / / |
| TIME GIVEN | | | |
| DOSE GIVEN | | | |
| NAME OF MEMBER OF STAFF | | | |
| STAFF INITIALS | | | |

| | | | |
|-------------------------|-----|-----|-----|
| DATE | / / | / / | / / |
| TIME GIVEN | | | |
| DOSE GIVEN | | | |
| NAME OF MEMBER OF STAFF | | | |
| STAFF INITIALS | | | |

| | | | |
|-------------------------|-----|-----|-----|
| DATE | / / | / / | / / |
| TIME GIVEN | | | |
| DOSE GIVEN | | | |
| NAME OF MEMBER OF STAFF | | | |
| STAFF INITIALS | | | |