

**ST ANDREW'S CE PRIMARY SCHOOL**

*Every Child A Champion in Their Own Right. Matthew 5.16 - "Let Your Light Shine."*

**PERMISSION FOR MEDICATION IN SCHOOL**



Please note:

Members of staff cannot administer medications - your child must be able to take the dose him/herself, or you are welcome to pop in to do so yourself (or delegate another adult - family member, neighbour etc)

It is the responsibility of parents/carers to ensure all medicines, including throat / cough lozenges, are **taken to the School Office** by a responsible adult.

The school can only allow medicine to your child if you complete and sign this letter.

Non-prescription medicines, including travel sickness tablets for school trips and throat lozenges, must be brought **in their original container** in an envelope clearly showing the pupil's name and dosage to be given together with the information sheet detailing any possible side effects.

Asthma inhalers **MUST** have your child's name on and be kept in the classroom in yellow bags.

Surname.....First Name.....

Male/Female.....Class.....Date of Birth.....

Address.....

.....

.....

Condition or illness.....

Name/Type of Medication (See container).....

For how long will this medicine be administered?.....

Date Dispensed.....

The above medication(s) have been/have not been\* prescribed by a doctor.

They are clearly labelled indicating contents, dosage and child's name in full.

\*please delete as appropriate

Name of Prescribing Doctor (if applicable) .....

Address of Prescribing Doctor.....

Dosage and Method.....

Times of Administration.....

Any special precautions.....

Any possible side effects.....

Is supervised self-administration possible.....

Contact Details

Name .....

Daytime Telephone Number.....

Mobile Telephone Number.....

Relationship to pupil.....

Address.....

.....Postcode .....

Signed.....

Address (if different from pupil address):

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.....Postcode .....

.....Date.....

