



## Procedure for Administering Medicines at Birch Hill Primary School

For Health and Safety reasons, pupils are not permitted to have medicines with them. If your child needs to take prescribed medication during the school day, please complete this form and bring it into the school office with the medication.

**Important:** The school is not obliged to undertake this duty. The Headteacher reserves the right to withdraw this service.

If the school administers medication, this consent form must be completed and signed by the parent or legal guardian of the child and the administration of the medicine is agreed by the Headteacher.

If the school administers professionally **prescribed** medication, this must be clearly labelled indicating contents, dosage and the child's name in full.

The school will not administer non-prescribe medication unless in exceptional circumstances and with the agreement of the Headteacher.

**Inhalers:** Inhalers for asthma sufferers must be clearly labelled. On school trips and outdoor activities the teachers will usually safeguard these. On most other occasions they will be kept in the classroom. As children mature they will be encouraged to look after their own inhalers. Please collect your child's inhaler at the end of each term and regularly check the expiry dates.

### Medicine at School Request Form

Please fill in this form if you wish your child to receive medicine whilst at school.

Name of child \_\_\_\_\_ Class: \_\_\_\_\_

be given the following medicine/tablets at school:

Name of medicine: \_\_\_\_\_,

Correct dose \_\_\_\_\_

Durant of medication \_\_\_\_\_

Reason for taking medicine \_\_\_\_\_

At the following times: **Playtime/lunchtime/if needed**

I understand that unless there are specific dosage instructions regarding administration of medication at a specific time (e.g. before meals), the school will **NOT** routinely administer medicine where the prescribing instructions state two or three times a day.

Prescribed

- This medicine has been prescribed by the family doctor.
- The medicine is clearly labelled with my child's name, the dose and the child's class teacher.
- The medicine will be handed to my child's teacher, or to the school secretary.
- Medication will be kept in the school office/ fridge or classroom
- I understand that whilst the school will do all it can to help, it is not obliged to give our medicines.

Non- Prescribed

- Medicine is provide in a disposal capsule
- Medication will be kept in the school office/ fridge or classroom (circle)
- I understand that whilst the school will do all it can to help, it is not obliged to give our medicines.

Signed: \_\_\_\_\_ (parent/guardian)

Tel: \_\_\_\_\_ Date: \_\_\_\_\_

**(NOTE: medicine will not be accepted in school unless this letter has been completed and signed by the parent or legal guardian of the child)**