

Dear Parent/Carer

If your child requires medication in school we would ask that you complete the medical form enclosed and return it to the school office, or with your child in September. You should bring the medication named on the form to school on the first day of term.

We ask that children **DO NOT** carry medication of any kind in their blazers or bags, this includes paracetamol and antibiotics.

All medication is administered under the supervision of an adult, and pupils receiving medication sign a form to indicate that they have received the required dose at the appropriate time.

If you have any questions or concerns about our medical policy, please feel free to contact me at school.

Thank you for your continuing support.

Yours faithfully

Mrs A Irvine

Principal

Request for School to Store and Administer Medication

*You need only complete this form **IF** your child requires medication in school*

STUDENT DETAILS										
Name:			Class:							
Date of Birth:		Address:								
Gender:	Male Female									
unless this form	ot give your child medication is completed and signed and agreed that school staff can edicine.	Postcode: BT								
MEDICAL DE	TAILS									
Condition or Illness:										
Name or type of medication (as described on container):										
Date Dispensed:		Expiry Date:								
PARENTS MUST ENSURE THAT MEDICATION IS PROPERLY LABELLED AND 'IN DATE'										
FULL DIRECTIONS FOR USE Dosage/Timing:										
Dosage can only be	e changed on a Doctor's Instructions									
Are there any sid	e effects?:									
Procedures to tal	ke in an emergency:									

FORM AM2

CONTACT DETAIL	LS								
Name:			Home/Mobile Tel:						
Relationship to Pupil:		Wo	rk Tel:						
Please note:									
Parents should keep	their children at home if acut	ely unwe	ll or infection	ous.					
	dication should be taken outsic ds on the way to and from sch		ool hours. I	Parents a	re respo	nsible	for the	eir	
 Where it is appropri staff supervision. 	ate to do so, pupils will be enc	ouraged	to administ	er their o	wn med	icatio	n under	-	
	o confirm in writing if they wisled to confirm in writing if they wisled to confirm in writing if they wisled to confirm in writing it will be confirmed in writing in writing in writing in writing in writing in writing if they wisled to confirm in writing it will be confirmed in writing it will		nild to carry	their owr	n medica	ation i	n schoo	ol.	
school trips from th	e every effort to continue the e e school premises. However, t a school trip if appropriate sup	here ma	y be occasi	ons when	it may i			ole	
I understand that I must Signature Parent/Carer	notify the school in writing of	any cha	nges to my	child's me	edical ne	eeds.			
Signature Principal/Aut	horised Staff:								
			Date:						