

Administration of Medication in
Yohden Primary School

To the Head teacher at Yohden Primary School

I request that.....(full name of pupil) be given the following medication which has been prescribed by a registered medical practitioner.

.....(name of medication)

I confirm that I will supply this medication in the form in which it has been supplied to me, by the pharmacist. The prescription will be clearly marked on the packaging by the pharmacist. I understand that the school will not accept any medications that are in unmarked packages and which do not contain the administration details as supplied by the pharmacist.

I understand that the medication must be delivered personally by me to and that this is a service which is subject to agreement with the school.

I also agree that a care plan may, if considered necessary, be drawn up by the school nurse with my help, in order that all relevant details and information about my child's needs is made available to staff in school.

Signed.....Relationship to child.....

Date.....

Address.....

.....

Notes:

- 1) Medication will not be administered by the establishment unless this authorisation is completed and signed by the parent/carer.
- 2) The Governors and Headteacher reserve the right to withdraw this service.

Dear Parent,

Medical Needs Register

The school keeps a register of children who have medical issues that we need to be aware of. Please complete the tear off slip below to indicate whether your child should be included on the register and any information that we need to know so that a care plan can be drawn up.

As a school we take the health and welfare of your child very seriously so please take a few seconds to complete the form so that we can be sure that we have all of the information that we need. If you would like to discuss your child's medical needs, please do not hesitate to telephone for an appointment.

Please return the form even if your child has no medical needs

Yours sincerely.

A. Smith (Headteacher)

My emergency telephone number is :

My second emergency number is :

Please complete as appropriate :

My child suffers from Asthma and needs to have :

My child has eczema and should avoid :

My child has an allergy to :

My child suffers from :

As far as I know my child has no medical conditions that school needs to know about.

Signed.....parent/carer

Child's Name.....

Yohden Primary School
Pupil's Care Plan -

Please complete section below

Name of Child	
Date of Birth	
Address of Child	
1 st Contact Name	
1 st Contact Tel No.	
2 nd Contact Name	
2 nd Contact Tel No.	
General Practitioner	
GP. Tel Number	
Name of Medical Condition	
Key Facts about how child is affected	
Medication prescribed and treatment regime	
Procedures to administer the treatment medication.	
Where medicine is to be kept	
Will staff training e required.	
Should all staff be informed about medical condition and medication	
Should other pupils be informed ?	
Signs and symptoms to look for.	
Steps to be taken in emergency.	
How often should the care plan be reviewed	

I consent to allow the staff at Yohden Primary School to administer the medication and agree with the above Care Plan.

Signed.....parent/carer Date