



Pathfield School
Abbey Road
Barnstaple Devon
EX31 1JU

Dear Parents

This letter is to inform you of the guidelines regarding the giving of medicines in special schools.

Prescribed medication can only be given by staff if it is brought into school in the original container labelled by the pharmacist.

Non-prescribed medication such as Paracetamol, Ibuprofen and Piriton can be given if the non-prescribed medication consent form is completed. The dose can only be given as per instructions on the medication.

Emergency treatments e.g. adrenaline pens / asthma sprays / buccal midazolam / rectal diazepam also need to be provided in their original container labelled by the pharmacist.

We request that you inform the bus escorts and anyone accompanying your child to school that medicines are being transported to school with your child.

A form is enclosed for you to complete giving the details of the medication to be administered in school. This must be signed by you and returned to school along with the medication.

Medicines will be returned to you at the end of every school year and should be sent into school with your child on the first day of the new academic year. Medicines no longer required or which are out of date will also be returned for you to dispose of at your local pharmacy.

You will be required to update the forms, at least on a yearly basis and whenever there is a change to the medication.

Yours sincerely

Alison Jackson
Specialist Community School Nurse

Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of School	
Date	/ /
Childs name	
Group/Class/Form	
Name & Strength of Medicine	
Expiry Date	/ /
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to school	
Time limit – please specify how long your child needs to be taking the medication day(s) /weeks /other

Note: Medicines must be in the original container as dispensed by the Pharmacy.

Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date to be initiated by (named member of staff)	

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.

Administration of Medicines in Schools

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Head teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will inform escorts if medication is travelling with my son/daughter on school transport and also write a note in the Home School Book to alert school staff on arrival.

Parent's signature Date
(Parent/Guardian with parental responsibility)

1. I give permission for my son/daughter to carry their asthma inhaler with them whilst at school and to manage its use.

Parent's signature Date
(Parent/Guardian with parental responsibility)

2. I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)

Parent's signature Date
(Parent/Guardian with parental responsibility)

NOTES OF GUIDANCE

- The Head teacher (or his/her nominee) will only administer medicines prescribed by a doctor.
- This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine to the Head teacher of his/her nominee.
- The medicine should be in date and clearly labelled with:
 - Its contents;
 - The owners name;
 - Dosage;
 - The prescribing doctors name
- The information given overleaf is requested, in confidence, to ensure that the Head teacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the Council Council through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements.

Parental agreement for school to administer **non-prescribed** medicine

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of School	
Date	/ /
Childs name	
Group/Class/Form	
Name & Strength of Medicine	
Expiry Date	/ /
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to school	
Time limit – please specify how long your child needs to be taking the medication day(s) /weeks /other

Note: Medicines must be in the original container as dispensed by the Pharmacy.

Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date to be initiated by (named member of staff)	

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.

Administration of **Non-Prescribed** Medicines in Schools

I confirm that the medicine detailed overleaf is non-prescribed and that I give my permission for the Head teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will inform escorts if medication is travelling with my son/daughter on school transport and also write a note in the Home School Book to alert school staff on arrival.

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(Parent/Guardian with parental responsibility)

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