



IRCHESTER COMMUNITY
PRIMARY SCHOOL
SCHOOL LANE, IRCHESTER, NORTHANTS, NN29 7AZ
TELEPHONE: 01933 353848 FAX: 01933 350479

Pastoral-medication.doc

21st September 2010

Dear Parents / Guardians,

Medicine Authorisation – 2010/2011

In accordance with School and County Policy, only essential medication, authorised by a doctor, in original, named packaging, can be administered (by a qualified first aider) in School hours. If medication is necessary (e.g. finishing a course of antibiotics), and you are unable to come into School to administer it yourself, we need your written authorisation, with clear, full details (dosage/ time/ storage instructions etc.) each time please.

Essential medicines and authorisation should be handed to a member of staff who will check with the Headteacher if in doubt. **The School reserves the right to refuse to administer any medication where information is not clear or any concerns exist which cannot be resolved.**

If your child needs regular, or on-going medication, please ensure that we have full details, **even if he / she only needs this out of School hours**. If ongoing access is needed in School hours, (e.g. asthma / eczema) we need **written permission and full details, see below**. **Please note:** This will be kept in an office file which is accessible to all members of staff.

It is the responsibility of parents to ensure that medication / medical details are kept up to date and that any changes to medication needs are notified promptly to the office.

Thank you for your co-operation. If relevant, please return the form below with your data collection sheet, **by 30 September**.

Julia Alison (Headteacher)

IRCHESTER COMMUNITY PRIMARY SCHOOL: NOTIFICATION OF / AUTHORISATION FOR ON-GOING TREATMENT.

CHILD'S NAME **CLASS**

My child needs regular / on-going medication for

a) (If medication is kept and administered at home)

Name of medication

Any additional information

b) (If medication is kept / needed in school):

I give permission for a member of staff / qualified first aider to *supervise administration of / administer my child's* medication when necessary.

Please give specific instructions /details of how often / when / dosage (e.g. one inhaler puff when needed – most likely asthmas triggers are exercise and pollen)

ANY STORAGE INSTRUCTIONS OR ADDITIONAL INFORMATION :

I understand that it is my responsibility to keep the school informed of any changes to the above information and that this information will be openly available to all Staff.

Signed:

Name:

Date: