



Whitefield

Academy Trust

17th September 2018

Dear Parent/Carer

We wish to advise you that the nursing team will no longer be giving medication in schools; instead they will be focused on jointly meeting the clinical needs of children open to specialist Children's Health Services. The school have worked jointly with the nursing team to ensure that school staff are trained in giving medication and that this is supported by the school's medical policy.

Parents will be asked to provide written consent, and any prescribed medication which is required during the school day must be discussed and agreed with the school medical lead in the first instance.

In line with legislation and guidance Medicines to be given in school must be prescribed and clearly labelled by the child/young person's GP/Pharmacy with the following information:

- Pupil name
- DOB
- Dosage and administration times
- Expiry date

In line with these changes please complete the attached consent form and return to your child's class teacher.

Kind regards,

Laura Pease
Principal



Parent/Carer consent form for school

Pupil Name:

Date of birth:

Please tick (✓) in boxes where consent is given. Please cross (x) in boxes where consent is **NOT** given.

I give the following consents for my child:

| | |
|--------------------------|---|
| <input type="checkbox"/> | To be weighed as necessary by school staff. (Moving and Handling requirements) |
| <input type="checkbox"/> | To be given <u>prescribed</u> Paracetamol (Calpol) by school staff. |
| <input type="checkbox"/> | To be seen by the trained member of school staff and to be given first aid as necessary, and for any necessary or Emergency Treatment to be carried out. (Parents/Carers will be informed on the day) |
| <input type="checkbox"/> | For School to administer regular medicines in school if prescribed by a doctor. (Please provide in a box or bottle with original label.) |
| <input type="checkbox"/> | For the School Medical Lead to contact Healthcare Professionals and to share information regarding his/her care. |

Please inform us if you want to be present for any procedures.

Signature: _____

Date: _____

Name: _____

Relationship to pupil: _____