



## **The Management of Medicines- A Summary for Parents/Carers**

- The Academy policy is that drugs or medicines may **NOT** be brought to school without permission.
- Permission to bring a drug to school will only be granted if it essential that a dose is taken during school hours and following the receipt of a written and signed request by a parent/carer.
- The only exception is if parents/carers wish to give their son/daughter a single dose of a painkiller. This dosage must be kept safely in the student's possession at all times.
- The decision is the responsibility of the parent and carer.
- The Academy staff are not allowed to administer any drug.
- All products must be clearly labelled with the name and the form of the student for whom the drug has been prescribed. Details of the drug dosage must also be clearly shown.
- Students using inhalers should keep this with them at all times. The Academy should be provided with a spare, clearly labelled at the beginning of the school year. This should be retrieved at the end of the school year.
- The Academy keeps a medicine register in each reception. It is essential that this register is kept up-to-date.
- All communications relating to student welfare should be directed to the respective Head of Year.
- A copy of the full policy is available on request.

**School Health Questionnaire**  
**Confidential**

We want to ensure your child has a happy and successful time at our Academy. To help us achieve this we need to know of any medical condition which may affect your child at school. This is very important if your child may need to take medicine or receive treatment during the school day.

The information on this form is held in confidence. It will only be released to staff who need the information to deal with your child.

**Student's Name:**

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**Doctor's Name:**

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**Date of Birth:**

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**Doctor's Address:**

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**Home Address:**

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**Doctor's Telephone:**

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**Medical Conditions**

Please list any medical conditions which may affect your child at school. (e.g. Asthma, Diabetes, Severe Allergy etc.)

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**Details of Symptoms and Severity etc.**

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**Details of any medicine required or current treatment.**

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**Any Special Requirements (e.g. at lunchtime, before sport)**

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If you wish to discuss any health issue for your child please contact the Academy.

We emphasise all information is in confidence.

**Request for the school to supervise the self administration of medication**

The school will **not** supervise your child taking his/her own medication unless you sign and complete this form.

**Medication:**

Name/type of Medication (as described on the container)

\_\_\_\_\_

For how long will your child take this Medication?

\_\_\_\_\_

Date Dispensed: \_\_\_\_\_

**Full Directions for Use:**

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Emergency Procedures: \_\_\_\_\_

**Contact Details:**

Name: \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address:  
\_\_\_\_\_

I understand that my son/daughter is responsible for self-medication. The Academy is not obliged to undertake this service.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_