



PLEASE INCLUDE ANY OTHER INFORMATION THAT YOU FEEL SCHOOL NEEDS TO BE AWARE OF HERE

**My Child's Medication in school**

<b>Medication name</b> (e.g. SALBUTAMOL	<b>Device</b> (e.g. diskhaler)	<b>Dose</b> (e.g. 1 blister)	<b>When taken</b> (e.g. when wheezy, before exercise)

I can confirm that I give consent for:-

- For the information, I give to school to be shared with appropriate members of staff and outside agencies. (e.g. PE Coaches, School Cook)
- For my child's photo and medical needs protocols to appear on a medical alert poster – which will be displayed in areas such as near the teacher's desk, in the school office and in the school kitchen so that all adults (including those from external agencies) are aware and can respond to my child's needs effectively
- I understand and fully support that In the event of an emergency school will immediately call 999 and will take advice and deliver emergency treatment as directed from the 999 service.

Signed: (Parent)

**NO medication in school**

**Disclaimer**

My child does not require any medication to be held in school

Signed: (Parent) ..... Date .....

**Key points for parents to remember:**

This record is for your school. Remember to update it if treatment is changed. Please give school copies of any medical information from Paediatricians etc to school. School will look at all the information given and will decide whether an Individual Health Care Plan needs to be put in place to ensure that the medical needs of your child can be fully met by the school. If your child needs a Health Care Plan this will be drawn up in consultation with yourselves and the School Nurse.