

BELIEVE COMMIT

Friday 26th February 2021

## **Medication Consent**

Dear Parent/Carer,

We are currently reviewing our medical care provision in school, as part of the process we are renewing the consent we have from parents to ensure all school records are up to date.

We'd like to make you aware that we must have written consent from parents in order to administer medication at school to your child, regardless of whether this is medication which they need on a regular basis, or prescribed medication which they need as a one-off e.g. anti-biotics.

In order for us to administer medication, all medicines must be in the original container as dispensed by the pharmacy, and with the prescription instructions.

## Medication which needs to be taken regularly:

If your child has medication in school, which is to be taken regularly, including that which would be needed in an emergency (e.g. inhalers, glucose/insulin, ADHD medication, pain relief, anti-histamines/epi-pen) please complete the consent form via MS Forms to provide your consent- please complete using the link below by Friday 5<sup>th</sup> March.

## **Emergency medication:**

In addition to this, you will see two questions that relate to emergency use of a salbutamol inhaler, and emergency use of a school epi-pen. If we did have an emergency situation and your child did not have their inhaler/epi pen with them, we have emergency kits which can be used in school with your consent. **We recommend that all parents/carers consent to this**, in case of an unexpected reaction/ situation in school, which could result in an emergency.

https://forms.office.com/Pages/ResponsePage.aspx?id=hVh-eMTdU0Wnv6udzkyo6mOuAQ1ADixHvg cA lNmChUMkZLT0VMNIY0SUNYSFVZWFRKSlhINVBTTy4u

## Prescribed medication:

If at any point your child has been unwell or injured, and does require prescription medication to be taken at school in order to attend, we are able to administer this medication, but we do have to have written consent. This can be via email, and should be communicated with your child's Head of House or Head of House PA, so that we can make the necessary arrangements to support your child in school. The consent template is attached overleaf.

If you have any queries, please contact school at: <a href="mailto:enquiry@decschool.co.uk">enquiry@decschool.co.uk</a>

Yours sincerely,

Mrs L Sullivan

Deputy Headteacher

Mr M Dunn Head Teacher





RESPECT

**ASPIRE** 



**BELIEVE** COMMIT

Consent Template:	
Child's full name	,

Child's full name:	Year Group:
Date: Name of medication:	
Dates medication required at school:	
Reason for medication:	
Instructions for administering (include does and frequency:)	
Side effects we should be aware of:	
Name:	
Relationship to child:	
I give permission for school to administer the above medication, in line with the	prescribed instructions:
Signed:	
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N.B: In order for us to administer medication, all medicines must be in the original container as dispensed by the pharmacy, and with the prescription instructions.

