

MOTTRAM C.E.PRIMARY SCHOOL

PRESCRIBED ASTHMA MEDICATION IN SCHOOL

All children with asthma medication **MUST** have two sets of medication in school, one to be kept in the classroom and one to be kept in the medicine cupboard in the staff room.

This will be administered, when needed by the child, as per the parents written instructions on this form.

All asthma medication must be in its original box, as supplied by the pharmacy, with the label showing the child's name and the dosage prescribed by the GP or hospital. Each inhaler, spacer, etc., must have a label with the child's name on.

Medication must be handed into the office by a parent/carer and not the child. The school cannot take responsibility for the child forgetting to come for medication.

The asthma policy guidelines from the school nurse state that parents should check the medication termly to confirm that it is in date and there is sufficient in it. It is your responsibility to do this at the end of each term. Just call into school on the last day to collect it.

*I accept the above statement and request that the school administer medication to my child as per my instructions.

(* Block capitals please)

CHILD'S NAME

CLASS

MEDICATION.....

DOSAGE

START DATE

Signed Parent/Carer

Date.....

MOTTRAM CE (AIDED) PRIMARY SCHOOL

PRESCRIBED MEDICINES IN SCHOOL

All medication will be kept in the staffroom in the medicine cupboard/fridge and administered, when needed by the child, as per the parents/carers written instructions on this form.

We will make reasonable efforts to administer the mid-day dosage of prescribed medicines, only where the dosage is 4 times a day.

All medicine must be in its original container with the label showing the child's name and the dosage prescribed by the GP or hospital.

Medication must be handed into the office by the parent/carer. Children must not be sent into school with medicines.

The school cannot take responsibility for:-

- * the child forgetting to come for medication.
- * the child forgetting to take the medicine home in the evening.
- * any compensatory dosages if the medicine has been left at school over night.
- * any loss or breakages if the medicine is not handed in at the school office.

*I accept the above statement and request that the school administer medication to my child.

(* Block capitals please)

CHILD'S NAME

CLASS

MEDICINE.....

DOSAGE

START DATE

NUMBER OF DAYS

Signed Parent/Carer

Date.....