Supporting Pupils with Medical Conditions Policy

2022 - 2024

Chair of Governors signature	
Headteacher signature	
Policy type (statutory / non-statutory)	Statutory
Date	23rd November 2022
Next review date	Autumn 2024

Supporting Pupils with Medical Conditions

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of this school to make arrangements for supporting children with medical conditions while at their premise. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

At Droxford Junior School (DJS) we will ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy. This policy forms part of Droxford Junior School (DJS) Essential Policies and is read on a regular basis.

Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend, to an appreciable extent, on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

The role of Governors

The Governing body will make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The governors will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The role of the Headteacher
The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The role of Parents
Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The role of the Child
Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). We will agree with relevant healthcare professionals/ parent the appropriate level of supervision required and document this in their healthcare plan.

The role of the Teachers and Support Staff
Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The role of the School Link Nurse
Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will

also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

The role of other Healthcare Professionals
Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

The role of the Local Authority
The local authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

The role of Clinical Commissioning Groups (CCGs)
Working in partnership with the Clinical Commissioning Group and the local Health and Wellbeing Board to ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical needs.

The role of providers of health services
Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Identifying Children with Health Conditions
We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use a Health Questionnaire **(Appendix 1)** to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school, to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual Health Care Plans (IHPs)
We recognise that Individual Healthcare Plans (IHP) are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an Individual Healthcare Plan (IHP) it will be the responsibility of the SENDCo to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The SENDCo will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart **(Appendix 2)** contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan. We will use the individual healthcare plan template produced by the DfE to record the plan (**Appendix 3**).

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

IHPs will be reviewed with parents in the Autumn Term of each academic year or if something changes prompting a review. When the plans are reviewed, these will be shared with the Headteacher and with relevant staff during staff and teaching assistant meetings.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required; arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff Training

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training. Training should be sufficient to ensure staff are competent and confident in their ability to support pupils with medical conditions. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

All new staff will be inducted on the policy when they join the school through reading the policy and discussing with the Headteacher if they have any queries. Records of this training will be stored in the school office, in the relevant safeguarding file.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

Emergency First Aid Training will be carried out annually in school for all staff and will include Anaphylaxis and Asthma training. We will retain evidence that staff have been provided with the relevant training through signature sheet records and/or minutes of meetings showing training details and attendees.

Managing Medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent, a 'Request for Droxford Junior School to Administer Medicines' form will be used to record this **(Appendix 4),** except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises is in place **(Appendix 5)**. The tracking system used is located in the emergency medicines cupboard held securely in the back office.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered. On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Controlled drugs (e.g. prescribed tablets for treatment of ADHD) will be securely stored in the school safe which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (where the school has concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor. All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines are stored in the child's classroom in a first aid bag to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the back office. There is restricted access to a refrigerator holding medicines **(Appendix 6).**

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency

medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal
It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Eastleigh Borough Council when required.

Medical Accommodation
The school office/reception area will be used for all medical administration/treatment purposes. The SEN/Blue Lagoon room will be made available when required (e.g. injections).

Record Keeping
A record of what has been administered including how much, when and by whom, will be recorded on a 'record of medicine given' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures (Appendix 7)
Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day Trips/Off Site Activities
We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other Issues
We hold a Salbutamol Asthma inhaler for emergency use by those children on the register.

We hold Calpol 6+ for emergency use in school with parent's prior permission **(Appendix 8)**

Unacceptable Practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.

Accepted by Full Governing Body: 23rd November 2022.

To be reviewed: November 2024.

LIST OF APPENDICES

1. Parent Questionnaire
2. Medical Flowchart
3. Individual Healthcare Plan Letter & Individual Healthcare Plan
4. Request to Administer Medicine
5. Medication Tracking Form
6. Fridge Monitoring Sheet
7. Contacting Emergency Services
8. Letter to parents to Administer Paracetamol

APPENDIX 1

DROXFORD JUNIOR SCHOOL EMERGENCY CONTACT & CHILD HEALTH SHEET

Please answer *all* the following questions, additional information can be written on a separate sheet of paper if necessary.
(A more detailed form will be sent out once your child starts school)

Child's Details

Forenames: Surname:
Name to be known by if different:

Date of Birth: Male/Female*

Permanent Address:

Home Language: Religion:

Details of Parents/Guardians with responsibility for the child:
Please place in order of priority to be contacted by the school, should an emergency occur.
Please note that we do need two contacts for each child.

Name: Mr/Mrs/Miss/other* Relationship to child:

Address (*if different from above):*

Tel: Home: Work: Mobile:

Email address 1:
Email address 2:
Are you happy to be contacted by the school via email: yes/no

---

Name: Mr/Mrs/Miss/other* Relationship to child:

Address (*if different from above):*

Tel: Home: Work: Mobile:

Email address 1:
Email address 2:
Are you happy to be contacted by the school via email: yes/no

---

Child's Health:

ASTHMA: None/Mild/Well controlled/Severe* Is an inhaler required to be kept at school? Yes/No*

GLASSES TO BE WORN: Yes/No*
COLOUR BLINDNESS: Yes/No*
DIABETES: Yes/No*

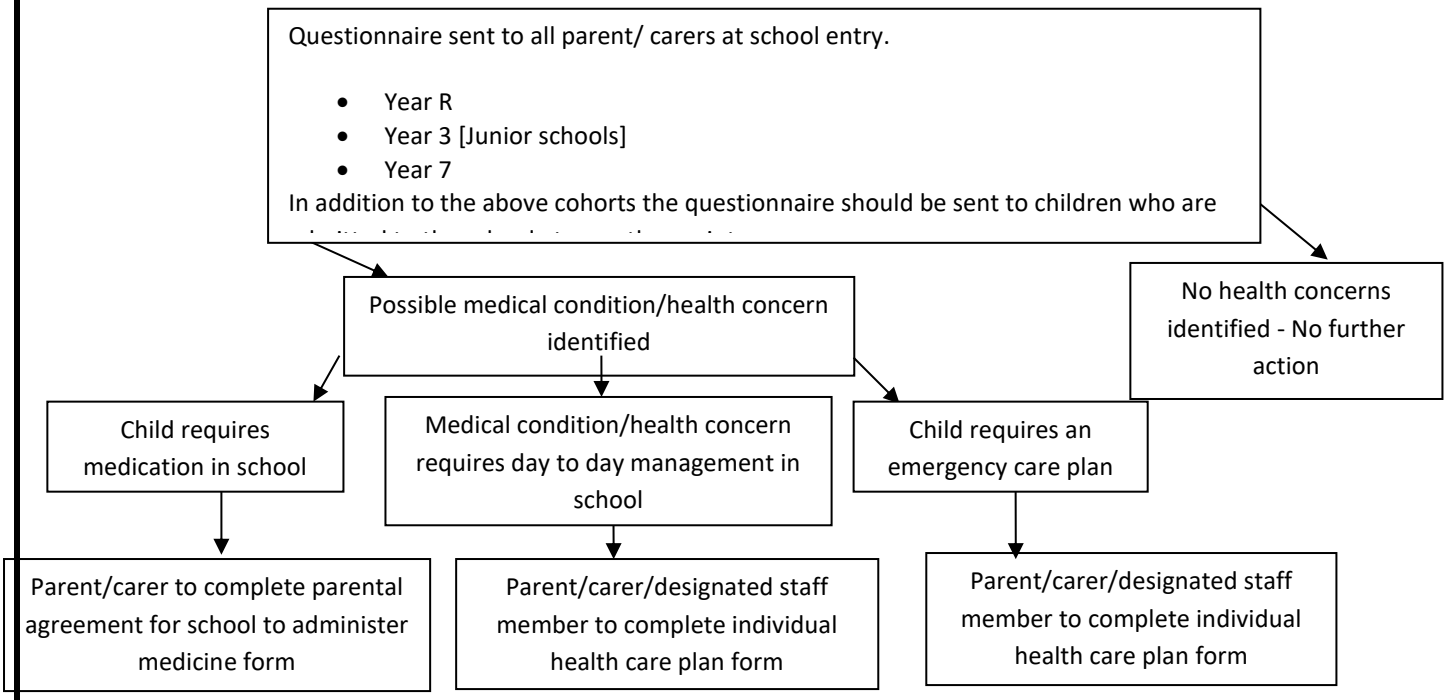
EPILEPSY OR FITS: Yes/No*
HEARING LOSS: Yes/No*
ALLERGIES: Yes/No*
Is an Epipen required? Yes/No*

*If you have answered yes to any of the above or your child has any other medical details you feel we may require please give details: (please continue on a separate sheet if necessary)

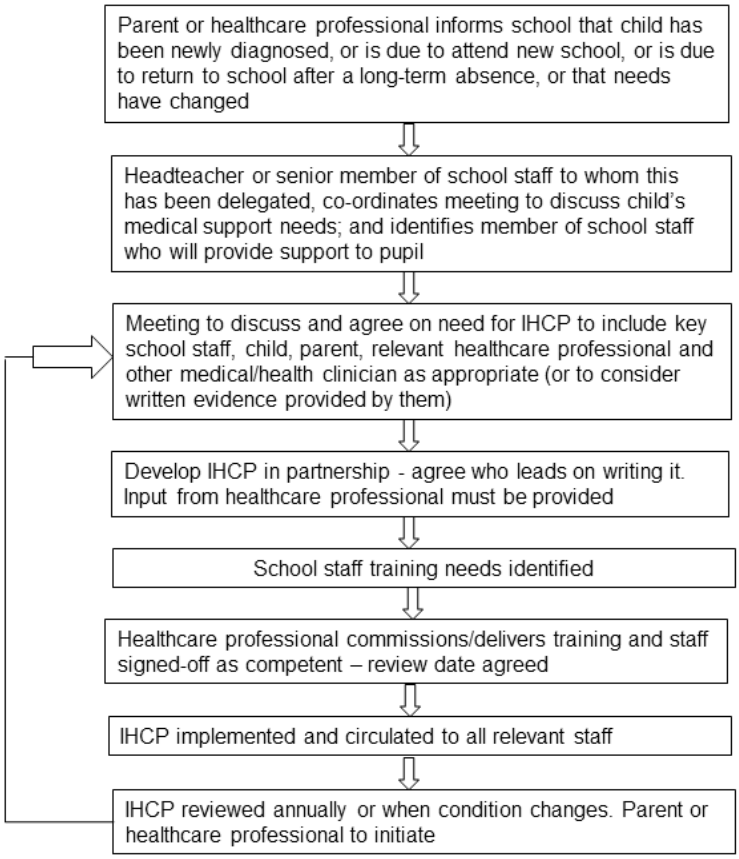
APPENDIX 2

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance



APPENDIX 3

Dear Parent

Developing an Individual Healthcare Plan for your child

Thank you for informing us of your child's medical condition. A requirement of the school's policy for supporting pupils with medical conditions is for an individual healthcare plan to be prepared for children with a medical condition. The plan sets out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed. Based on the information you have provided to the school we require you to complete, sign and return the following form (s):

- ☐ Request for Droxford Junior School to administer medicine, together with any medication required, referring to the pharmacy labels note which can be found on the form.

- ☐ Individual Healthcare Plan, together with any relevant evidence

If you have any questions please do not hesitate to contact the School Office.

Yours sincerely

Matthew Dampier
Headteacher

Individual Healthcare Plan

Child's name	
Learning Base	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication

Dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Office use only

Staff training needed/undertaken – who, what, when (OFFICE USE ONLY)

Form copied to (OFFICE USE ONLY)

APPENDIX 4

Request for Droxford Junior School to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date	
Name of school	DROXFORD JUNIOR SCHOOL
Name of child	
Date of birth	/ /
Learning Base	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	/ /
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration	**YES / NO**
Procedures to take in an emergency	

NB: Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, containing the pharmacy label.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	THE SCHOOL OFFICE
Signed	
Print Name	

Record of medicine given to :……

DATE	TIME	MEDICINE GIVEN	DOSE	SIGNATURE

MEDICATION TRACKING FORM

NAME OF CHILD	MEDICATION	MEDICATION EXPIRY DATE	DATE RECEIVED IN SCHOOL	DATE RETURNED TO PARENT/OR MEDICATION FINISHED	STAFF NAME	SIGNATURE

APPENDIX 6

Fridge Monitoring Sheet

Once a day, you must record the temperature of any fridge used to store medicines

- The temperature should not exceed 8C or fall below 2C
- Use a thermometer that records the maximum and minimum temperatures reached over 24 hours and ensure you re-set it each day
- Don't place medicines at the back of the fridge as they can freeze and this might reduce their efficiency
- If the temperature is out of range, check with a pharmacist to see if the medicines are still suitable for use. Record their advice on the bottom of this form.

Day	Month:		Year:
	Min	Max	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Month:		Year:
Min	Max	Signature

APPENDIX 7

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number – 01489 877537

2. Your name

3. Your location as follows - Droxford Junior School
Union Lane
Droxford
Southampton
Hampshire

4. State what the postcode is – SO32 3QR

5. Provide the exact location of the patient within the school setting

6. Provide the name of the child and a brief description of their symptoms

7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

APPENDIX 8

Dear Parents

We are writing to ask if you would be happy for us to give your child the occasional dose of paracetamol under limited circumstances (if they get a headache or any other type of mild to moderate pain). We have age-related dosage guidelines in place.

Obviously we wouldn't keep them in school unnecessarily if they were very poorly and we would contact you if needed. We would endeavour to contact you beforehand to inform you that we are about to give your child paracetamol.

With paracetamol, there needs to be a minimum of 4 hours in between doses, hence if we needed to give them any paracetamol within 4 hours of when they first arrived at school, we would contact you to ask if they had already had any that morning (including paracetamol contained in any cough or cold treatments they may have had that morning).

With the above in mind, can you complete the slip below and return it to the school office as soon as possible. If we do not hear from you, we will assume that you do not give permission for us to give your child paracetamol at school.

Yours sincerely

Matthew Dampier, Headteacher

Administration of Paracetamol

Child's Name _____ Date of Birth _____ Class _____

I am happy for you to give my child paracetamol and I am confirming that:

- They have had paracetamol before and they didn't have an allergic reaction to it
- They are not currently taking any medicines that would interact with paracetamol (you can ask a pharmacist if needs be)
- I will inform the school if they start any medicines which could interact with paracetamol (you can ask a pharmacist if needs be)

Signed _____ (Parent) Date _____

Relationship to child _____

Please return to the school office by return