

MEDICATION GIVEN TO STUDENTS IN SCHOOL

At Hillview School for Girls we recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician if needed.

Only if the student takes regular medication return the Medical Information Sheet overleaf. Without this information we will be unable to give out medication to students:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs on the Medical Information Sheet.
- Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- Prescribed medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- The school should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages.
- The student is responsible for remembering to take medication. Parents will be telephoned if a student refuses to take the dosage as prescribed by a doctor.
- Where prescriptions are needed over a longer period of time, a Student Medical Plan will be set up with the parents.

Please remember that if there are changes to a student's personal details, circumstances or dosage, it is your responsibility to inform the school in writing. Without this we will be unable to make these amendments.

FORM A Parental agreement for Hillview School for Girls to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date	
Name of school/setting	Hillview School for Girls
Name of child	
Date of birth	
Mentor Group & Year	Mentor group: Year:
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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 (Please circle)
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Reception

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date