

EJF/mlf

Dear Parent

Medicines in School

We recognise that many students will at some time need to take medication at School. Whilst parents or carers retain responsibility for their son or daughter's medication, the School has a duty of care to students during the school day.

Medicines should **only** be brought into School where **essential** and they will only be accepted if they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in their original container and include instructions for administering.

If your child requires medicine in School it is essential to complete a **Medicine Consent Form** available from the School Office. This form should be completed and returned along with the medicine to Mrs Ford at the School Office. Without a completed medicine consent form, we are unable to administer medicine to your child.

Please note that the School does not provide pain-relieving medication. Students over the age of 13 may carry a one-day supply of pain-relieving medication. A one-day supply consists of a maximum of two tablets. Students must carry inhalers and Epipens with them if they have been, prescribed them, by their doctor.

Yours sincerely

Mrs E Faux
Assistant Headteacher, Pastoral



BOURNE GRAMMAR SCHOOL – MEDICINE CONSENT FORM

| STUDENT DETAILS | |
|-------------------------------------|--|
| Name of Student: | |
| Date of birth: | |
| Form: | |
| Medical condition or illness | |

| MEDICINE | |
|--|--|
| Name/type of medicine: (as described on container) | |
| Date dispensed: | |
| Strength: | |
| Expiry date: | |
| Dosage and method: | |
| Timing: | |
| Special precaution: | |
| Are there any side effects that the School needs to know about? | |
| Procedures to take in an emergency: | |

| CONTACT DETAILS | |
|-----------------------------------|--|
| Name: | |
| Address: | |
| Daytime telephone number: | |
| Mobile number: | |
| Doctors details: | |
| Doctor's telephone number: | |

I understand that the medicine **must** be delivered to Mrs M Ford at the School Office. I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes regarding medication in writing.

Signed: Date: