



Medical Permission – Information for Parents

From time to time children have accidents or become unwell in school. We are not permitted to administer even the most basic medication, such as that which you might use at home, unless we have specific permission from you in writing.

By signing your name next to each of the medications on the form overleaf, you will give us permission to administer them to your child, using the correct dosage, in the event that your child has a minor injury or becomes unwell. Should the injury or illness be serious or should we have any doubts whatsoever about your child's condition, we will contact you immediately.

By NOT signing your name next to a particular medicine you are telling us that you do not wish us to use it with your child at any time. We appreciate that some children are allergic to particular medicines while others may have medical conditions which can be exacerbated. This list will be checked before any treatment is given. We will also keep a register of every occasion on which a medicine has been given, as a safeguard, and we will send home a note to let you know when we have given any medicines to your child.

Please note that **only the medicines detailed on the attached form will be used.** To comply with Surrey County Council guidelines we are not able to administer Ibuprofen (Nurofen) or aspirin unless we have a note from your doctor.

If you think your child may need some non-prescription medicine (such as calpol or antihistamine) during the day, please bring a small supply, clearly labelled with your child's name, to the office for their use. This can be kept in the medicine cabinet in the office for your child for the duration of their time at Oakfield.

Should your child need to take medicine prescribed by your doctor during the school day, with your permission, staff can administer this. Please ask the office staff for a Pupil Medication Request form and complete it before the course of treatment begins. The medication can be stored in our medicine cabinet or office fridge for the duration of the treatment but should be brought in and collected from the office by a parent.

If your child is prescribed an ongoing medication for daily or occasional use, this will be stored in the medicine cabinet in the school office. Please remember to keep a note of the expiry date and renew as appropriate.

Asthma Inhalers must be kept with the individual children. Please ensure you report your child's asthma overleaf.

For children with any other ongoing medical conditions which may require interventions at school a **Care Plan** will be completed for your child in consultation with you.

Should you have any questions about these arrangements, please contact the school office.

Please complete form on reverse of this sheet



Medical Information and Permission Form

Child's name.....

Does your child have any medical conditions or allergies that the school needs to be aware of? **Yes / No**

If **yes**, please provide information and continue on a separate sheet. Please also supply copies of any relevant information from your child's GP / Medical Practitioner

.....

Does your child have asthma or use an inhaler? Yes / No

If yes, please Briefly describe your child's symptoms:

.....

Please indicate which triggers can make your child's symptoms worse:

- Pollen Stress Exercise Seasonal changes
 Air Pollution Other

Please indicate all that apply:

- My child uses a reliever inhaler My child uses a spacer with their inhaler
 My child will need assistance using their inhaler / spacer
 I understand it is my responsibility to ensure my child has a working inhaler and spacer in school every day, the absence of which may result in them being excluded from activities (e.g. sports / trips) for their own safety and wellbeing.

Administration of Medicines:

Please sign your name and write the date next to each medicine you are happy to allow us to administer to your child.

Medicine	Signature	Date
Plasters		
Sterile dressings and micropore tape		
Liquid Paracetamol (eg Calpol 6+)		
Antihistamine cream / spray		
Sterilised water eye wash		
Antiseptic spray / wipes		

Declaration:

I give permission for staff at Oakfield Junior School to administer to my child the medicines I have indicated on this form, ensuring the correct dosage is given, I am informed in writing, and only those medicines to which I have consented are administered.

Signed (parent):Date.....