## St Michael's Church of England High School A Church of England Academy

Headteacher: Mrs J Jenks BSocSci Hons PGCE

Deputy Headteachers: Mr J Chadwick B Ed Hons, Mrs C Hooley BA Hons PGCE

Growing in Body, Mind and Spirit'



Dear Parent/Carer,

## The administration of medication in school

St Michael's understands that there are occasions where pupils require medication during school hours, and we are happy to support you and your child whenever possible in these instances. In order to ensure the safe administration of medication to your child please read the following information.

Parents need to discuss with their child's Pupil Manager any medication that they wish to be held in school, and must then complete the attached form in full, to ensure the safe administration of medication.

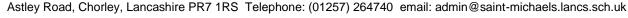
Parents must please ensure that all medication is provided in the correct prescription box and that it is labelled with your child's name and clear instructions for administration. The information leaflet that comes with any medication is also required.

Please be aware it is your child's responsibility to come to the front office and request their medication at the appropriate time.

Yours sincerely

Mr Chadwick

Deputy Headteacher





















Details of Pupil								
Surname			Forename (s)					
Address								
Male/Female			Tutorial					
Date of Birth			Condition/Illness					
Medication			_					
Name/Type of medication (as described on the container)								
Duration of course of medication								
Date dispensed								
Full directions for use								
Dosage/amount (as per instructions on container)								
How often								
Side Effects								
Procedures to take emergency	in an							
Contact Information	on			'				
Contact 1:			Contact 2:					
Name			Name					
Relationship to pupil			Relationship to pupil					
Telephone number(s)			Telephone number(s)					
GP Information			J					
Name of GP			Telephone number					
Allergies			<u> </u>					
I understand that I must deliver the medication personally to the school reception and accept that this is a service which the school is not obliged to undertake. I understand that it is my child's responsibility to request their medication at the appropriate time.  Signature(Parent/Carer) Date								
	Signature(Pupil Manager) Date							

Name of Medication:
Expiry Date:
. ,
Quantity of Medication Received:

Date	Time	Dose	Staff Name	Staff Signature