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Headteacher: Miss Fey Wood BEd (Hons)

## November 2015

To All Parents/ Carers				
It is important we support all children with medical conditions education. Some children with medical conditions may need suppluring school.				
If a child is well enough to attend school, but needs to complete a complete school is prepared to administer medicine provided that completes an Administration of Medicines and Treatment Consertifrom the school office and on our website). In addition the metorought into school by an adult (not sent to school with a child). We prescribed medicines that are in date, labelled, provided in the original dispensed by the pharmacist and include instructions for administrational storage.	the parent/carer at Form (available edication must be /e will only accept ginal container as			
If your child has asthma please be aware that we now keep a spare Salbutamol nhaler in school. This will only be used in an emergency i.e. if your child forgets his/her own inhaler, or if it is empty. We will only administer it to children diagnosed with asthma, and with the parent's/carer's written consent.				
Please will <u>everyone</u> return the completed form to the schoossible, even if your child has no medical condition/health you.				
Should your child have a medical condition that requires medication in school we will forward an Administration of Medicines and Treatment Consent Form to provide us with further details.				
	Consent Form to			
	Consent Form to			
Name of Child:	Please tick			
Name of Child:	1			

Does this medical condition /health concern need to be managed during the school day?				Yes	
If yes, please give details:				No	
Does your child take medication during the day?				Yes	
				No	
Does your child have a healthcare plan that should be followed in a medical emergency?				Yes	
If yes, please give details:				No	
My child has been diagnosed with asthma and I give permission for school staff to administer the school's Salbutamol inhaler in the				Yes	
case of an emergency				No	
Parent's or guardian's signature:		Date:			
Parent's or guardian's Name (in block capitals):					
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss the information with the School Nursing Service or other professionals involved in my child's care. I will inform the school if my child's medical condition/health concern/medication requirements change in any way.					