

# Islamiyah Girls High School



## First Aid, Health, Illness and Medicines Policy including administration of medication

### First Aid Policy

#### Document Control:

This document has been approved for operation for:	Islamiyah Girls High school
Date of last review	September 2023
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Review Period	2 years
Owner	Islamiyah Girls High School
Approved by:	Governing Body

### **1. Parents' provision of Medical Information about their Children**

- The School requests that all parents/carers complete and sign the medical information and permission forms when their child joins the school: these detail any medical condition of their child as well as normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of a major accident, incident or illness occurring at school. Medical records are kept securely in the school office. Parents are asked to inform the school of any changes to their child's medical information.

### **2. Medical Room**

- The school medical room is located next to the main reception office. There is a bed, a wash-hand basin, a lockable First Aid cupboard.

### **3. First Aid**

- Children can be sent to the school office for first aid which can be administered by either of the 2 qualified first aiders who work in the office. If the injury appears to be serious it is recorded in the accident record book.
- If a child is unwell, the child should be sent to see the first aiders in the office. These first aiders will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a child home if he/she is a risk to the health and safety of others.
- Pupils can be sent to the office with a friend or a member of staff, at the discretion of the teacher.
- We also request that children who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness to prevent the spread of infection. All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

### **4. Guidance on when to call an ambulance**

- If a child needs hospital treatment for a medical emergency such as a serious asthmatic attack or an accident causing physical injury an ambulance must be sought immediately.
- See below for further guidance:  
A member of staff should dial 999 and then call the child's parents. Only one member of staff or the child's parents need to accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her

### **5. Recording of Accidents (Including reference to RIDDOR)**

- Some incidents that happen in school must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences
- Regulations 1995 (RIDDOR) - telephone number: 0845 300 99 23.

## 6. Reportable Major Injuries

These include the following:

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours-
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material
- "Over 3-day injury": if an injury keeps a member of staff out of school for more than 3 days, the HSE must also be informed. Ofsted is informed in EYFS.

### 6.1 Action required

- First aider to decide on course of action and communicate directly with the Headmistress, which would normally involve the child being accompanied to hospital
- Fill in Accident Form
- Bursar to telephone or email HSE (Health and Safety Executive) without delay
- Inform parents
- Within 10 days, Bursar must follow this up with a completed accident report form
- If necessary, the school's Health and Safety consultant will be called upon for advice. Guidance from the Health and Safety Executive Education Sheet Number 1 'Reporting School Accidents' will be sought when a situation arises.

## 7. Serious Accidents/Incidents

These are accidents that do not have to be reported to HSE but are serious. Listed below are accidents that are automatically 'serious':

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;
- any hard knock or bang on the head;
- anaphylactic shock;
- any damage to the face
- a tooth being knocked out or chipped

This list is not exhaustive

## 7.1 Action required

In all 'serious' accidents, the Headteacher/ Deputy or the senior administrator need to be informed without delay. In addition

- Parents must be informed as soon as possible (certainly within one hour).
- The accident must be recorded in the Accident Record Book in the office where they are stored for safekeeping. A sequential numbering system is used.
- The senior administrator should carry out any necessary investigation into the cause and take remedial action to prevent further occurrences.

## 8. Head Injuries

- All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help.
- A pupil who has sustained a bump or knock to the head is sent to the office for assessment and is then carefully monitored for a period of time appropriate to the injury. Every pupil who has sustained a serious knock or bump on the head is given a Head Injury Advice Form to take home to parents advising them of developing symptoms that may require medical investigation. Parents are contacted at the time of the incident if the nurse or designated first aider considers it appropriate. An accident form is completed.

## 9. Calling an Ambulance

- The First Aider on site must make a decision to call an ambulance. It is always best to err on the side of caution, bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is:
  - significant bleeding,
  - shock,
  - serious fractures which are disabling,
  - cardiac arrest or breathing difficulties.
  - Dial 999
  - State which service(s) you require: Ambulance (Call for Police /Fire/ Coastguard as necessary)
  - Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc.
  - Give the address of the school
- Stop bleeding by pressure and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!
- ONE person must take charge who will:
  - Send for an ambulance if necessary, send for a First Aider.

- Notify the Head of the school.
- Make arrangements for the care of the child's property.
- Arrange to contact the child's parent/s and check that this has been done
- N.B. Check the correct name of the parent.
- If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

#### **10. If a child is ill or injured on an offsite activity**

- Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group
- If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child. can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

#### **11. Facial Injuries**

- Injuries such as scratches or bumps to the face are managed with the care appropriate to their need, by the First Aiders in the office. The injury is carefully monitored and parents notified if there is a scratch to the face, or if swelling bleeding or bruising is present, or the child complains of continuing or worsening pain. An accident form is completed.

#### **12. Minor Accidents/Incidents**

- An accident is defined as 'minor' when the child is able to be treated by a qualified First-Aider. Listed below are accidents that could be termed 'minor':
  - small cut/abrasion;
  - or bump or bruise (usually resulting from a fall or running into someone or something);
  - minor nosebleed.

This list is not exhaustive.

##### **12.1 Action required**

- Basic First Aid kits are available in the main office, Outside Dining Hall, Science Room, Staffroom, Teachers can administer small plasters for minor cuts.
- If the child is sent to the office they are cared for by the First Aiders who will clean cuts with antiseptic wipes and administer plasters.

#### **13. Administration of medicines to children on a residential school trip**

- Should a child require medicine during the time she will be away from home, the school requires the parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. Calpol 6+ sachets will be kept by a designated member of staff who may administer the medicine in the event of a child feeling unwell with a high temperature or pain. This procedure is documented on the medication record form.

### **13.1 Communication with Parents:**

- Parents are contacted where relevant if an accident has occurred to their child. In the event of a head injury occurring at school, a note is sent to parents advising them what has happened to ensure that they monitor the situation and seek medical assistance if appropriate. Ideally, if a child is not well, the parents are contacted and the child goes home until they are well again. If this course of action is not possible, the child will be kept at school, in the Medical Room, until the end of the day.

### **14. Qualified Members of Staff**

- Most members of staff have had basic First Aid training and there is a number of staff who are qualified First Aiders (See list at end of this policy). Copies of certificates are kept in staff files. We require that qualifications are updated every three years. There will always be at least one qualified First Aider on site at times when children are present. There will always be a nominated First Aider on all trips. There will also be a teacher with a good working knowledge of First Aid on all trips. On residential trips, there is a fully-trained First Aider.

### **15. Access to First Aid Kits**

- First Aid kits are available in the main office, Outside Dining Hall, Science Room, Staffroom and Replacement items can also be obtained from the medical room. A First Aid box will be taken on all off site visits or outings, together with the relevant pupil medical information form. This is the responsibility of the trip leader or designated First Aider.

### **16. Eye Wash Kits**

- Eye-wash kit is located in the Medical Room.

### **17. Medicines**

- Should a child need to take medicine during a school day, the medicine must be:
  - Prescribed by a doctor
  - In its original container with pharmacy dispensing instructions
  - Accompanied by a signed letter from the parent detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken.OR
- A short term over the counter medicine e.g. cough mixture, eye drops, antihistamine recommended by a GP to alleviate an allergic reaction (e.g. Piriton) which minimises the time a child needs to absent from school – a written request from parents is required as with prescribed medicines.
- The school requires parents to complete and sign the medicine request form on the first day that the medicine is required. This includes Calpol sachets or liquid paracetamol equivalent. If a request is not received in writing, the school staff will not administer the medicine.
- The medication record form details what has been given to whom, by whom and at what times. Parents are asked to counter-sign the form when they collect their child.
- The only exception to this is for pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor.
- Full details of all medication administered at school, along with all permission to administer medicines forms, are recorded and stored in the file in the office. If for any reason a child refuses

to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the office staff will notify the child's parents/carers and the incident will be recorded on the medication record form. If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the permission to administer medication form – a new form must be completed.

## **18. Procedure for Administering Medicines**

- When issuing medication, the following procedures should be followed:
  - The reason for giving the medication should be established.
  - Check the consent to give medication form has been signed by parent or guardian.
  - Check whether the pupil is allergic to any medication.
  - Check whether or not the pupil has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).Check whether or not the pupil has taken the medication before and, if so, whether any
  - problems occurred.
  - Check the expiry or 'use by' date on the medication package or container.
  - The pupil should take the medication under the supervision of the person issuing it.
  
- There is a lockable box in the Medical Room for the safe storage of some medicines such as antibiotics.

## **19. Arrangements for Pupils with Particular Medical Conditions**

### **19.1 ASTHMA**

- We recognise that asthma is a widespread, serious but controllable condition affecting some pupils at school. We encourage children with asthma to participate in all aspects of school life and to achieve their potential by having a clear policy that is understood by staff and pupils alike. Parents should inform the school if child suffers from asthma, what can trigger an attack etc. and what treatment is effective.
- As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child is allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils. All staff should be aware of where the child's inhaler is stored. Parents should be asked to supply a spare inhaler to be stored in the Medical Room and in the case of Nursery children to be kept in the Nursery. The expiry date of the spare inhaler will be checked regularly.
- Pupils with asthma are encouraged to participate in PE lessons and to take reliever inhalers before exercise. All medication should accompany a child going on a school visit. Staff accompanying children on an outing should be aware of their medical conditions. In the event of an attack the parents are notified immediately, and the school follows the procedure outlined by Asthma UK.
- Signs of an asthma attack (not all may be present)
  - Coughing
  - Wheezing
  - Tightness in the chest
  - Shortness of breath
  - Unusually quiet

- Asthma UK advises:
  - Keep calm – do not panic
  - Give 2 puffs of reliever (blue) inhaler
  - Sit the child up and loosen tight clothing
  - If no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes, or until symptoms improve
  - If symptoms do not improve within 5 – 10 minutes, or the child's lips are blue or they are too exhausted to talk or you are in doubt - call 999 urgently
  - Continue to give one puff of reliever inhaler every minute until help arrive.
  
  - A member of staff should stay with a child having an asthma attack at all times.



## 19.2 ANAPHYLAXIS

- Serious allergic reaction (e.g. nuts, dairy products, eggs)
  - The child MUST be made aware of their allergy by their parent/career.
  - Other children in class MUST be made aware of the child's allergy and the danger of giving him/her the substance to which he/she is allergic.
  - First Aiders in the office have up to date training to administer an EpiPen.
  - Teachers and other staff should be aware of all children who have a serious allergic reaction.
  - Extra care is taken on trips and outings and if there is any doubt about food, the child affected should bring their own.
  - Class Teachers need to be aware of the potential risks of food being brought into school to be shared with the rest of the class and the possibility that this food has been cross contaminated with another food. If there is any doubt about the safety of this food then children with serious allergic reactions should not be given the food.
  - Staff should be aware of the ease of cross contamination when food is cooked at home.
- Signs and symptoms of anaphylaxis (not all may be present)
  - Itching
  - Swelling in the mouth
  - Vomiting
  - Hives/rash
  - Abdominal pain
  - Wheezing
  - Difficulty in breathing
  - Fainting
  - Floppiness
  - Collapse

### **Action to take**

1. Contact the School Office and First Aider trained to administer EpiPen
2. Contact parents
3. Give Piriton (antihistamine)
4. Dial 999 – AMBULANCE
5. Tell them of the allergy
6. Use the EpiPen kept in the office
7. Remove grey safety cap from the EpiPen
8. Hold 10cm away from the thigh at right angles
9. Jab firmly into the outer thigh at a right angle
10. Hold in place for 10 seconds
11. Massage the area
12. Make a note of the time the adrenaline was given in case a second dose is required
13. All used adrenaline injectors must be given to ambulance crew.
14. Kitchen staff are kept informed of all children who suffer from a food allergy.

## 19.3 Food allergies and Intolerances

- Islamiyah School is a NUT FREE school and we request that parents do not send in nuts, or any food obviously containing nuts in their child's break-time snacks, treats for birthdays or in their packed lunches on school visits. However, the school cannot guarantee that food brought in to school has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain.

- The school is advised by parents if their child suffers from a food allergy or intolerance. The school kitchen is informed and a list of all special diets is displayed in the kitchen area. Any changes are communicated to all relevant staff. Parents are encouraged to liaise with the catering staff to discuss any dietary issues

#### **19.4 Diabetes and Epilepsy**

- Should the school have a child with these conditions detailed advice would be sought from the local medical health authority (staff would be given suitable training in helping the child to stay at school and to continue to learn.
- School should be informed if a child suffers from Diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycaemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, staff will monitor pre-meal blood sugars readings, carbohydrate intake at lunch, and either administer post-meal insulin or if the child is able to self-inject, supervise the injection.

- Signs of hypoglycaemia include:
  - Hunger, weakness or faintness
  - Pallor, sweating or clammy skin
  - Drowsiness or confusion
  - Nausea
  - Shallow breathing
  - Unusual or aggressive behaviour
- If any of these symptoms are present blood sugar readings should be taken and recorded by the staff. A sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels.
- Parents should be informed immediately and the child monitored in the Medical Room.
- If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.
- Signs of hyperglycaemia include thirst, greater need to go to the toilet, tiredness and weight loss. Parents need to be informed. If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.
- Blood glucose monitoring equipment, insulin and emergency sweets, glucose tablets or biscuits are kept in the Medical Room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags. Guidance notes and up to date photographs are kept in the Dining Room and School Office and Extended Day file. Relevant form teachers hold this information, and it is also on the school's computerised information system.
- If a child is off site on a school trip or away match, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that

the necessary equipment is taken including:

- Blood glucose monitoring kit
  - Food snacks
  - Glucose tablets
  - Insulin pen
  - Parent contact details
- As the need arises, appropriate training is given to staff as required

### **19.5 EPILEPSY**

- The School must be informed if a child suffers from Epilepsy. A health care plan will be drawn up describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan. If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.
  - In the event of a fit, staff should call the School office for a First Aider
  - Clear the area around the child to maintain a safe environment
  - Ask other children to stay away to ensure as much privacy as possible
  - After the fit has passed, place the child in the recovery position
  - When sufficiently recovered, take them to the Medical Room and monitor until they are collected by parents.
- An ambulance should be called
  - If the child has injured themselves badly during the seizure
  - If they have problems breathing after the seizure
  - If a seizure lasts longer than the time set out in the health care plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child
  - If there are repeated seizures unless this is usual for the child

### **19.6 Head Lice**

- Head lice are a regular and irritating problem. Children should not be excluded but parents/carers should be notified at the end of that day.
- Parents should be responsible for their child's health and hygiene and check weekly with detection combs.
- Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the family of the infested child as well as to the whole form.

### **19.7 HIV and Hepatitis Guidelines**

- At IGHS we acknowledge that chronic illness such as diabetes, HIV and hepatitis can impact on the child and their family in varying degrees, mainly on attendance, behaviour and educational attainment.
- We aim to create a supportive environment and recognise that a child living with or affected by a chronic illness has the right to access education and that support will be provided to the child and their family.
- We also acknowledge that if a family discloses any information about illness or disability

affecting the child or members of his/her family, any sharing of that information will be done on a need-to-know basis and only with the consent of the pupil and/or parent, unless there is a child protection issue.

**Guidelines if a child discloses his or her own or his or her parent's HIV status:**

Step 1: Reassure the child that this information will be kept confidential.

Step 2: Explain that the school wants to support the pupil and has simple systems to do this.

Step 3: Suggest that the child tells his or her parents about the information you have been told, and arrange for the parents to come to meet the Headmistress at the school.

**If a parent tells you about his or her own, or his or her child's, HIV infection or the parent is informed that the child has disclosed**

Step 1: Reassure the parent that this information will be kept confidential.

Step 2: Explain that the school wants to support all its pupils and that there is a simple system for supporting infected and affected children.

Step 3: Explain the system and the different roles staff have in these systems. Ask consent to arrange a meeting with other appropriate members of staff, the parent and child (where appropriate). It may be that the parent requests the school nurse is involved, or additional staff. That is his or her choice.

Step 4: Organise the meeting with appropriate staff, parent and child (where appropriate). At this meeting the following issues can be discussed and agreed:

- confidentiality and reassurance that the child will not be treated differently
- arrangements on attendance due to hospital appointments, illness or caring responsibilities
- the level of educational and pastoral support needed and how this will be reviewed
- how confidential records will be kept on the child's health and of the meetings in regards to this.

**19.8 Infectious Diseases**

If the school has reason to believe that a child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they inform the Local Authority.

Notifiable diseases listed by the Health Protection Agency are

- German Measles (Rubella)
- Measles
- Scarlet Fever
- Typhoid
- Whooping cough (Pertussis)

- Tuberculosis
- Diphtheria
- Hepatitis A, B and C
- Meningococcal septicemia
- Mumps

Some, including skin diseases, demand an exclusion period.

### **Hygiene Procedure for Spillage of Body Fluids**

- In the Medical Room there is a supply of disposable gloves and aprons, disposable wipes, antiseptic hand wash, absorbent granules, and a foot pedal bin.
- Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Please inform the Site Controller on duty immediately.
- Disposable gloves should be worn
- Mops should be washed in the utility room sink (not kitchen sink), rinsed in disinfecting solution and dried.

### **19.9 Flu Pandemic Policy**

#### **Objectives**

- Promotion and implementation of good personal and general hygiene practices.
- Important that we recognise our responsibility in dealing with a possible outbreak of flu.
- Endeavour to protect our pupils and staff.
- Ensure staff and pupils feel safe at school.
- Minimise possible spread of infection.
- Ensure efficient communication as appropriate.
- Ensure good stock of tissues, soap, plastic bags for tissue disposal, and cleaning materials. Alcohol hand rub in each classroom.

#### **Procedures**

Staff and children should remain at home if they display any relevant symptoms.

- If a case were suspected the affected child will be immediately isolated from the rest of the school in the medical room.
- The parent/relative/designated contact will be informed for prompt collection
- Advice from Health Protection Agency recommends the nominated person looking after a suspected case of flu should not sit/stay within one metre of the child unless the child needs assistance in which case they should wear a disposable apron and surgical face mask (which constitute “personal protective equipment”, or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the symptomatic person. It is desirable for the child to wear a surgical mask, but that may be impractical.
- Thorough hand washing before and after contact with symptomatic individuals should be carried out.
- In order to minimise the risk to colleagues from used PPE, it is essential the PPE is removed in a standard way. The apron should be removed first and then the mask and then the gloves, by turning them inside out. After disposing of the PPE in the bin, thorough hand washing with soap and water should be then carried out.

## 20. In the event of school closure

- The Health Protection Agency will advise us of the need to close the school, after being informed of confirmed or suspected case by GP
- Parents will need to be informed immediately that the school will be closing. The IGHS website will be the main source of information and will be regularly updated, and there will also be a “phone tree” system in place whereby designated members of staff will inform parents of closure.
- Governors will be kept fully informed.
- Provisions will be made for pupils to complete set projects at home.
- Thorough cleaning of all hard surfaces,(door handles, light switches, taps, kitchen worktops) using normal cleaning products before school re-opens.
- Health Protection Agency will advise when to re-open

**Approved by:** Mrs. Yaasmin Mubarak

**Headteacher**

**Date:** September, 2023

Mubarak Patel

**Chair of Governing Body**

September, 2023



## **ISLAMIYAH SCHOOL - MEDICATION CONSENT FORM**

<b>Student name</b>	
<b>Form</b>	
<b>Emergency contact</b>	
<b>Emergency number</b>	
<b>Medical condition</b>	
<b>Allergies/sensitivities</b>	

## **PRESCRIBED MEDICATION**

*Medication must be in the original container or box as dispensed and labelled by the Pharmacy.*

<b>Name of medication</b>	
<b>Expiry date</b>	
<b>Dosage</b>	
<b>Possible side effects</b>	
<b>SPECIAL INSTRUCTIONS</b>	

## **CONSENT FOR SCHOOL STAFF TO ADMINISTER MEDICATION**

I give consent to school staff to administer medication as above, in accordance with the school medical policy. I will inform the school, in writing, if there are any changes to this consent.

If my child is to self-medicate, I will discuss this with the School Nurses or First Aiders to ensure this can be implemented safely. I understand that there are side effects associated with all medicines and will inform the School Nurses if I am concerned about these. For more information on side effects of all medicines please refer to [www.nhs.uk/medicine-guides](http://www.nhs.uk/medicine-guides). I accept that medicines that have expired, or are no longer required will be returned home with my child.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **FOR MEDICAL ROOM USE ONLY**

<b>Date</b>	/ /
<b>Name of medication</b>	
<b>Amount of medication received</b>	
<b>Signature of school nurse or staff</b>	