



## MEDICINE POLICY

**Updated by: Sharon Wood (Jan 2020)**  
**To be reviewed Jan 2021**

### Policy Statement

This academy is an **inclusive** community that aims to support and welcome pupils with medical conditions to enable them to achieve regular attendance. We aim to provide all pupils with all medical conditions the same opportunities as others at the academy.

We will aim to ensure all pupils keep as healthy as possible, stay safe, enjoy their educational experience and achieve as highly as possible in all areas of academy life in order to make a positive contribution.

The academy ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

This academy understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- asthma
- cancer
- diabetes
- epilepsy

However, the academy recognises that this list is not exclusive and there are many other life threatening conditions such as:

- Anaphylactic reactions

This academy understands the importance of medication being taken as prescribed.

All staff understand the common medical conditions that affect children at this academy. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Parents/carers should not send a child to the academy if they are unwell. If a child sustains an injury, it is the parents/carers duty to ensure the child is taken to their local A&E or GP. The academy can only deal with first aid issues that occur on site.

Where a child has a long term medical need a written health care plan will be drawn up with the parents/carers and health professionals as appropriate. Parents/carers must inform the office about any particular needs before a child is admitted to the academy or when a child first develops a medical need. A care plan will be drawn up.

The National Curriculum Inclusion Statement 2014 emphasises the importance of providing effective learning opportunities for all pupils and offers two key principles for inclusion:

We have a responsibility to provide a broad and balanced curriculum. This statutory inclusion statement sets out two principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.

The Carlton Junior Academy must:

- Set suitable learning challenges
- Respond to pupils' needs and overcome potential barriers for individuals and groups of pupils

## RESPONSIBILITIES

### Parents/Carers

If the academy staff agree to administer medication on a short term or occasional basis, the parents/carers are required to complete a Consent Form (available from the office). **Verbal instructions will not be accepted.** If it is known that pupils are self-administering medication in the academy on a regular basis, a completed Consent Form is still required from the parents/carers.

For administration of emergency medication, a Care Plan must be completed by the parents/carers in conjunction with supporting medical and academy staff. **Parents/carers must inform the office if any changes to the care plan are required, following medical appointments.** Minor adjustments can be made to the care plan if signed and dated by the parent/carer. Care Plans should be reviewed annually, however the academy will endeavour to update care plans on a half yearly basis.

The parents/carers need to ensure there is sufficient in-date medication available at the academy. The parents/carers must replace the supply of medication at the request of academy staff/health professional. **Medication must be provided in the original container** with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates;
- Dispensing date/pharmacist's details.

### Academy Staff

Some teaching unions advise staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the member of staff has access to information, training and that appropriate insurance is in place. In practice, head teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time. Each request will be considered on individual merit and staff have the right to refuse to be involved. It is important that staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

## HEALTH CARE PLANS

**The Health Care Plan should be completed by parents/carers and the SENCO with any designated staff who have volunteered to administer care/medication and where possible, a person from the child's medical support team. It should include the following information (an example is in Annex 1).**

- details of child's condition
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

## **STAFF TRAINING**

When training is delivered to staff, the academy ensures that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

## **STORAGE**

There are two locked medicine cabinets in the main office, to the right of the door. A list of medicines is displayed on the front of the doors. The key is kept in the cupboard to the right of the cabinets. Items in this cabinet include duplicate emergency medicines such as Epipens and non-emergency medicines such as topical creams/prescribed medicines. There is also a fridge for storage of items which require a maintained temperature, also in the main office. On top of the fridge is a container with non-dangerous medical equipment and food items required by children with medical conditions e.g. Lucozade drinks. All items are labelled with the pupil's name.

Emergency drugs such as Epipens will be kept in the classroom with the child alongside a copy of the care plan.

## **Administering and Recording Procedures**

Administering of medicines and undertaking medical procedures should only be carried out where two adults are present. Each adult must check the correct medicine is being administered to the correct child by checking labels and verifying the child's identity. The second adult checks the label/consent form completed by the parent/carer to verify that the medication is in date, and that the correct dosage has been measured, before it is taken. Both adults sign and date the register at the time of administration, recording the child's name, dosage given and name of medication. If the child does not receive a dose, for whatever reason, the parent/carer must be informed that day, at the earliest opportunity.

## **CLASS 1 and 2 DRUGS**

As far as possible, Class 1 and 2 drugs such as Equasym prescribed for Attention Deficit Syndrome will not be kept on academy premises or administered by staff, in order to comply with the Misuse of Drugs Act legislation. However, we recognise that some children require this medication in order to access education. Where a paediatrician is unable to prescribe an alternative, such medication may be administered by staff during the day. This will be agreed with the Headteacher. All such medication will be carefully monitored and stored in the locked cabinets at all times. Only a short term supply of the medication will be stored on site. Records of medication received from parents and administered will be kept.

## **ANTIBIOTICS**

Parents/carers should ask the GP to **prescribe an antibiotic which can be given outside of academy hours wherever possible**. Most antibiotic medication will not need to be administered during academy hours. Twice daily doses should be given in the morning before the start of the day and in the evening. Three times a day doses can normally be given in the morning before the start of the academy day, immediately after the academy finishes and at bedtime. If there are any doubts or queries about this please contact your local pharmacy or school nurse.

It should normally only be necessary to give antibiotics in the academy if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Parents/carers must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into the office in the morning and taken home again at the end of each day by the parent/carer. Whenever possible the first dose of the course, and ideally the second dose, should be administered at home.

All antibiotics must be in the original container, clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In the academy the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with

a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer. The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent/carer must be informed that day.

### **ANALGESICS (PAINKILLERS)**

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic may be kept in the office. We do **not** keep stock supplies of analgesics. Parental consent must be in place. **CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.**

### **OVER THE COUNTER MEDICINE (EG HAYFEVER REMEDIES)**

These will be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parents/carers must provide medicine in its original container/box. The container must be clearly labelled with child's name, however label must not obscure the pack instructions or drug name. Parents/carers must complete a Consent Form.

### **DISPOSAL OF MEDICINE**

Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the academy at the end of each term.

### **RESIDENTIAL VISITS/OFF SITE ACTIVITIES**

On occasion it may be necessary for staff to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Academy's Insurance and Legal Sections.

During both residential and off site activities, consideration of reasonable adjustments will be made for pupils requiring medical interventions. Medication and copies of individual care plans will be carried with the appropriate adult to ensure medication is available at all times to the pupil.

### **REFUSING MEDICINE**

When a child refuses medicine the parent/carer should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

### **SELF MANAGEMENT**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

### **TRAVEL SICKNESS**

It has also been agreed by the Academy's Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

#### **DAY VISITS (e.g. to a museum or exhibition)**

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (medication given to the office by the parent/carer in the original package, clearly named but not obscuring the drug title or instructions). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed before inclusion in the visit documentation.

### **GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY STAFF**

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. As far as possible, an EpiPen will be administered by staff that have volunteered and have been designated as appropriately trained by the Headteacher. However, in an emergency, any staff member is able to follow the simple instructions on the EpiPen, to save a life. As many staff as possible will undertake training and a record of training undertaken will be kept by the Headteacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parents/carers, staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box. One Epipen should be kept in the child's classroom and a second, back-up pen kept in the medicine cabinet in the main office.
3. The Epipen should be readily accessible for use in an emergency.
4. Expiry dates and discoloration of contents should be checked by the parent/carer termly. The Epipen should be replaced by the parent/carer at the request of the school nurse/academy staff.
5. The use of the Epipen must be recorded in the Medicine register.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent/carers' responsibility to renew the Epipen before the child returns.
7. If the child leaves the academy site e.g. educational visits, the Epipen must be readily available.

### **GUIDELINES FOR MANAGING ASTHMA**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If staff are assisting children with their inhalers, a Consent Form should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the office.
3. It would be considered helpful if parents/carers could supply a spare inhaler for children who carry their own inhalers. This could be stored safely in case the original inhaler is accidentally left at home or the child loses it whilst at the academy. This inhaler must have an expiry date beyond the end of the academy year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. Academy staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parents/carers should be responsible for renewing out of date and empty inhalers.
8. Parents/carers should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers **MUST** still be accessible.
11. It is good practice for academy staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parents/carers.
12. Asthma can be triggered by substances found in academy e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

### **Academy Emergency Inhaler and Epipen**

The academy keeps a spare blue inhaler in the medicine cabinet in the main office for use in emergency. This is for use by pupils already identified as having asthma, who may have for example, run out of their blue inhaler or forgotten/lost it. In the event of a child struggling to breathe, an attempt to contact the parent/carer to ask permission to administer the medication should be made. However, if the difficulties in breathing persist or worsen, administer the blue inhaler. It is unlikely there would be any adverse effects. The parent/carer must be informed if this medication is administered. This inhaler must only be used once and then replaced for hygiene purposes.

A spare Epipen is kept in the medicine cabinet in the main office for use in emergency. Advice would be sought via calling 999, before administering this medication. However, if a child has a care plan in place which states an Epipen is required, and in the event of an emergency where the child's pen fails or a follow-up dose is advised, the emergency pen may be used to save a life.

## **GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during academy hours, but some older children may need to inject during academy hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff. Staff who have volunteered and have been designated as appropriate by the Headteacher will administer treatment for hypoglycaemic episodes.

### **To prevent "hypo's":**

- There should be a care plan and consent form in place. It will be completed at the training sessions in conjunction with medical support team, academy staff and parent/carers. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the care plan.
- Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer.

### **To treat "hypo's":**

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
- Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per care plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral-treatment. The parent / carer should be informed of "hypo's" where staff have issued treatment in accordance with the care plan.

### **If Hypostop has been provided:**

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's care plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

**Do not use Hypostop if the child is unconscious.**

## **GUIDELINES FOR MANAGING CANCER**

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy
- surgery

- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend academy while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to the academy and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of the academy, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to the academy the pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

### **Falling behind with work**

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The academy, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability. Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts. Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups. Regularly revise the pupil's timetable as necessary.

### **Having a 'key' person**

We will endeavor to provide one 'key' adult that the pupil can go to if they are upset or finding education difficult, plus a 'Plan B' person for times the usual person is not available.

### **Physical activity**

We will make reasonable arrangements for the child or young person to move around the academy easily e.g. allow them to be collected five minutes early to avoid the rush.

As far as possible, pupils will be included in PE lessons e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

### **Briefing staff**

We endeavour to ensure that all staff, including lunchtime supervisors have been briefed on key information.

If staff are concerned about a pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment

Letters will be circulated about infection risks when requested by the child's family or health professionals. We will ensure that other academy staff are informed about long-term effects, such as fatigue, difficulty with memory or physical changes.

### **Procedure for dealing with errors in administration of medication**

**Although the staff volunteer to undertake the role of administering medication**, they take the role very seriously and undertake training in policies and procedures. Written records are kept and dosages checked by a second person, where medication is administered. However, should an error be made and realised the member of staff should:

1. Ensure the safety of the child – Refer to the ORIGINAL PACKAGING to establish the extent of overdose/under-dose and possible impact. FOLLOW DIRECTIONS GIVEN on the packaging which may include calling 999
2. Ensure the child is monitored at all times and not left unattended -secure further adult help to ensure this
3. Alert a member of SLT immediately who will inform parents/carers, decide next steps
4. Parties to record a statement of event with dosage given, time, date and procedures followed
5. Full review of policy and procedures to ensure no further errors are made

## **Further Information and Guidance**

### **Asthma UK**

18 Mansell Street, London, E1 8AA

Tel: 020 7786 4900

[www.asthma.org.uk](http://www.asthma.org.uk)

### **Diabetes UK**

Macleod House, 10 Parkway, London, NW1 7AA

Tel: 0345 123 2399\*

[www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Epilepsy Action**

New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY

Tel: 0113 210 8800

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### **CLIC Sargent (Cancer)**

Horatio House, 77-85 Fulham Palace Road, London, W6 8JA

Tel: 0300 330 0803

[www.clicsargent.org.uk](http://www.clicsargent.org.uk)

## **ANNEX 1**

### **Contents:**

*Health Care Plan*

*Contacting Emergency Services*

*Request for child to carry his/her medicine*

*Administration of Medicines record form*

*Staff training record - administration of medicines*

*Permission letter for administration of medicines*

*Medical permission form - GP*

## Healthcare Plan

Name of Academy/Setting	
Child's name	
Tutor Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

## CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms:
Daily care requirements: (e.g. before sport/at lunchtime)


Describe what constitutes an emergency for the child, and the action to take if this occurs:


Follow up care:


Who is responsible in an Emergency: (State if different for off-site activities)


Form copied to:


**Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number

2. Give your location as follows: (insert academy/setting address)

3. State that the postcode is

4. Give exact location in the academy/setting (insert brief description)

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

***Put a copy of this form by the telephone***

**THIS FORM MUST BE COMPLETED BY PARENT/CARER**

**If staff have any concerns discuss request with academy healthcare professionals**

Name of Academy/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

**Contact Information**

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:  Date:

If more than one medicine is to be given a separate form should be completed for each type of medicine.



Staff training record - administration of medicines

Name of Academy/Setting:	
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that \_\_\_\_\_ [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:	
Date:	

I confirm that I have received the training detailed above.

Staff signature:	
Date:	
Suggested Review Date:	

*Permission letter for administration of medicines*

## **The Carlton Junior Academy**

To the Parent/Guardian of \_\_\_\_\_

### **MEDICINES TO BE GIVEN DURING ACADEMY HOURS**

It is very important that medicines that you wish the academy to administer are authorised by your General Practitioner, Hospital Consultant or appropriate health professional. Without their signature, authorised staff cannot give any type of medicine to the pupils at the academy.

Would you kindly ask your Doctor/Consultant to complete the attached form and return it with the medicines prescribed to the nominated responsible person via the office. You will need to have a new form completed if the type and dosage of medicine is changed. The medicines **MUST** be also provided in their original packaging (not broken down and placed in envelopes).

Please remember that any prescribed medicine that is administered by the academy **MUST** be removed from the academy premises on the last day of the summer term by the parent/guardian in arrangement with a competent member of staff.

These forms are available from the academy.

Thank you

Yours sincerely

Sharon Wood

Headteacher

# The Carlton Junior Academy

Name of Pupil \_\_\_\_\_

Address of Pupil \_\_\_\_\_

Date of Birth \_\_\_\_\_

GP \_\_\_\_\_

GP Tel number \_\_\_\_\_

## **LIST OF PRESCRIBED MEDICINES**

Name of Medication and strength	Dosage	Frequency	Duration	Date to Commence

Any other instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor/Consultant Signature \_\_\_\_\_

Prescribers Stamp

