

Thursday, 11 June 2020

Dear Parents

**Medication for pupils with ongoing medical conditions, e.g. Asthma and allergies**

At the beginning of the new school year we make sure that we update our school records with details of children with medical conditions that we should be aware of. These are on-going conditions for which pupils may require medication whilst at school, e.g. use of an inhaler for Asthma or an EpiPen for severe allergic reactions.

Could you please complete the form overleaf for our records so that all relevant staff can be made aware.

Any medication that your child requires should be brought into school at the soonest possible time. Could you please ensure that it is in-date.

Any out-of-date medicine will be sent home and will need to be replenished.

If you have already sent medicine into school, we would appreciate it if you could still fill in the form overleaf and we will annotate the expiry dates for you and update our records.

If your has an ongoing condition but does not need medication during school time could you please fill out the attached form and just write ‘none’ in the space for medication so that we are still aware of your child’s medical condition.

Yours sincerely

Mrs Sarah Brewis

Headteacher

**Record of medication for ongoing conditions**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medication Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expiry Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions for use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name and signature of person completing this form

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