



The William Alvey CE School

REQUEST FOR MEDICATION TO BE ADMINISTERED

**William Alvey School
Medicines in School Policy
March 2020**

Medicines in School Policy

The William Alvey School will accept medicines in school when it is essential, that is where it would be detrimental to a child's health if medication was not administered during the school 'day'. (DfE guidance March 2005).

The William Alvey would encourage, where possible, for medicines to be prescribed in dose frequencies that could be taken out of school hours (morning, after school and at bedtime).

The William Alvey School will encourage parents to administer non-prescriptive medication but will administer non-prescriptive medication, if all other options have been exhausted and the correct permission forms have been completed.

The William Alvey School will accept;

- Medicines in school **in their original container**. This **MUST** be accompanied by the completed school form -Request for Medication to be administered.
- All medicines **must** be stored appropriately in a secure place.
- The Request for Medication form **MUST** then be signed by both staff members.
- Medication must be left at the front office and **MUST** be brought in and collected by an adult.

For those children who are on long term medication (diabetic Insulin/Ritalin) a care plan will already be in place and will be followed.

For those children who may have need for medication on a regular basis only when a health issue arises i.e.; Febrile Convulsions/Migraine attacks etc. Medicines may need to be administered to prevent condition worsening – a care plan will need to be drawn up with parents.

Children's medical needs should be met so that regular school attendance can be maintained.

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DETAILS OF PUPIL

Surname	<input type="text"/>	Class	<input type="text"/>
First Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Condition/Illness	<input type="text"/>		

DETAILS OF MEDICATION

Name of Medication	<input type="text"/>
Directions for use	<input type="text"/>
Time dose to be administered	<input type="text"/>
Any side effects or precautions	<input type="text"/>
Procedures to take in an emergency	<input type="text"/>

CONTACT DETAILS

Name	<input type="text"/>
Emergency Contact Telephone No	<input type="text"/> <u>This number must remain available throughout the course of this medication</u>
Relationship to Pupil	<input type="text"/>

DECLARATION

I understand that I must deliver the medication personally to the school office and accept that this is a service, which the school is not obliged to undertake.			
Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		
To be returned to school upon completion			

