

# St Augustine's Federated CE Schools: Primary



## Medicines, First Aid, Health Care and Infectious Diseases Policy

We want all of our community to have equal opportunities to experience life in all its fullness (John 10:10). We encourage all community members to “be the best we can be” in every aspect of their lives as we grow in, and reflect on, the Christian virtues of Faith, Hope and Love (1 Corinthians 13)

<b>Approved by the Governing Body</b>	
<b>Review date</b>	October 2024
<b>Next review due by:</b>	October 2026

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## **1. Policy statement:**

### **1.1 Introduction:**

This document is a statement of the aims, principles and strategies for managing pupils' healthcare needs, including the administration of medicines and first aid and the control of infectious diseases at St. Augustine's CE Primary School and Maida Vale Children's Centre. It will be reviewed by the Full Governing Body in Summer 2023.

### **1.2 Aims**

#### **Our aims in developing this policy are:**

- To ensure that children are very well cared for when they become unwell during the school day or have an accident at school.
- To ensure that pupils' specific medical needs are well known to all members of staff and that all pupils are fully included in normal school life as far as possible.
- To clearly define the roles and responsibilities of all members of staff in relation to the administration of first aid at school.
- To clearly define the roles and responsibilities of parents/carers and all members of staff in relation to the administration of medicines at school.
- To ensure the safe storage of inhalers, epi-pens and medication at school.
- To ensure that all members of staff have access to up-to-date guidelines to assist parents/carers and children in maintaining good health.

## **2. Principles of Healthcare, First Aid, Medicines and Infectious Diseases**

- 2.1** At St Augustine's, we regard a child's physical health and well-being as a fundamental requirement in order for children to make the best possible progress, to be happy at school and to achieve the five outcomes of the 'Every Child Matters' framework. Therefore, we have established a rigorous approach to meeting children's health.

## **3. Strategies**

### **3.1 Home visits by Nursery staff**

Before starting in our nursery, each child will be visited at home by the Nursery teacher and Nursery Nurse. During this visit, parents/carers will be provided with an information pack which includes literature about keeping children healthy. A request will be made to see the child's Red Health Visitor Book.

### **3.2 Personal information form**

During the home visit, or when starting at St Augustine's, parents/carers complete the Personal Information Form which records details of the child's specific medical needs.

### **3.3 Meeting for parents/carers of new Reception class children and Reception screening**

All children in the Reception class have an audio and visual screening check during the Reception year. The school fully supports this screening process and assists the school nursing team by providing contacts for parents/carers, if and when required.

### **3.4 Meet the Teacher meetings and termly class communication to parents**

Each class teacher should inform parents/carers of the importance of not putting medication of any kind into children's book bags and remind them of the school policy on administration of medicines. This message should be reinforced during the Meet the Teacher meetings at the start of the academic year and in the class teachers' termly newsletter to parents/carers.

### **3.5 Pupil progress meetings**

Once every term, class teachers meet with the Head of Primary and SENCo to discuss pupil progress and attainment. Part of the meeting is dedicated to pastoral issues, including health. Any identified needs are discussed with parents/carers or referred to other professionals such as the school nurse

### **3.6 Relationship with School Nurse**

The Medical Officer should have a meeting at least once a year with the school nurse to discuss strategies to meet the health needs of newly arrived pupils, pupils who have been absent through illness, pupils who have newly diagnosed health issues and health-promotion opportunities (**see appendix 1**).

### **3.7 Green Bags**

A green bag containing a first aid kit and asthma inhalers, epi-pens etc. is located within each classroom. A notice indicating the location of the green bag within each classroom must be clearly displayed on the main door into every classroom (**see appendix 2**). A second set of inhalers and epi-pens is also stored in the school office. It is the responsibility of the Medical Officer to check, at the start of every term, that all inhalers, epi-pens etc, are in date and full and to gain replacements from parents/carers if this is not the case.

### **3.8 St Augustine's Health Care Plan OR GP/Consultant Treatment Plan**

School health care plans (**see appendix 3**) are created for all children who have any known medical condition, unless they already have a treatment plan from their GP or consultant which supersedes the school HCP. In the drawing up of these plans, the school reserves the right to seek advice from the parent/carer, the school nursing team or the child's GP regarding treatment for specific medical conditions if necessary. These are stored in the office and a class summary is also kept in the class green bag. It is the responsibility of the Medical Officer to update the health care plans at the start of every term and to provide class teachers with a copy of any changes.

### **3.9 Training**

All staff receive regular training - at least once a year - in asthma, epilepsy and the emergency administration of epi-pens. Additionally, members of staff are trained in general childhood ailments, diabetes, asthma and the emergency administration of epi-pens as and when required, for example, when a child transfers to a new class or new teacher.

### **3.10 Information sheet**

When a new medical condition becomes known to the school, the child and/or condition is added to the class summary sheet and an updated copy is placed in the class register and/or class file. This is to be kept in the register for use by class teachers and supply teachers. The class teacher is responsible for informing additional teachers e.g. supply teachers, P.E. coaches, club providers etc. about children's medical needs using this sheet.

### **3.11 Suspicions about contagious ailments**

At the start of each school day, any adult who suspects a child may have a contagious ailment, including symptoms of COVID 19, should send them directly to the school office and call/speak to the office staff, explaining why they have been sent. A first aid responder will examine the child and decide whether or not to call his/her parent/carer and advise a visit to the GP, or to return the child to the classroom.

### **3.12 Fire drills and emergencies**

In the event of a fire drill or a real emergency, the School Administrative Officer will collect all medication (including epi-pens, asthma inhalers and medicines) and take them to the playground or alternative emergency gathering point.

## **4. Children Who Are Taken Ill During the School Day**

**4.1** When children initially inform an adult that they are feeling unwell, every effort should be made to reassure them. It may be useful to ask the child if they had informed their parent/carer that they were feeling unwell before they left home, as this may help in determining whether the parent/carer has already made a judgement regarding their child's fitness for school. Wherever possible, children complaining of minor discomfort - e.g. toothache, headache, earache - should remain in the classroom and their parent/carer should be informed at the end of the day. The exception to this is pupils who are known to suffer from sickle cell anaemia who can become extremely unwell, very quickly (known as a 'crisis'). If pupils suffering from sickle cell anaemia inform any adult that they are not feeling well, they should be sent immediately to the school office with a responsible partner. The responding first aider will take any necessary action including informing their parents/carers.

**4.2** Children who appear to be experiencing more significant discomfort should be sent to the school office with an adult or a responsible partner. A member of staff in the school office should be informed about their symptoms through the accompanying adult or through a phone call from the member of staff who sent the child. The responding first aider will take the decision either to send the child home or to return the child to the classroom after medical attention has been given. If the decision has been made to send a child home, a member of staff who was in the office at the time at which the child was collected by a parent/carer must record the child's name on CPOMS (Child Protection Online Management System) and the reason why they were sent home.

### **4.3 If a child vomits in the classroom:**

Each classroom has a blue vomit bucket (which must not be used for any other purpose); a container of Sanitaire or Bioman 999 spillage compound to absorb vomit; and disposable gloves which should be used in case of emergencies. Teachers should explain to children the purpose the class vomit bucket and always store the bucket in the same location in the classroom so that it can be accessed easily.

### **4.4 If a child vomits elsewhere in the school:**

If a child vomits outside the classroom, an adult should sprinkle the Sanitaire or Bioman 999 spillage compound on the vomit. They must then telephone the School Administrative Officer who will inform the Site Team. If a member of the Site Team is not on site, staff should ensure that the issue is addressed.

### **4.5 If a child wets or soils themselves:**

- If the child is in the Nursery, wetting and soiling should be dealt with by staff within the Nursery.
- If the child is in Reception or Year 1, wetting should be dealt with by a member of the class teaching team and a stock of clean and dry underwear should be kept in the classroom for this purpose.
- If the child is in Years 2, 3, 4, 5 or 6, wetting should be dealt with in the most sensitive manner possible. This may mean dealing with the incident within the classroom or sending the child to the school office with a sensitive and responsible partner. Office staff should keep a stock of clean and dry underwear for this purpose.
- In cases of soiling by children in Years 1-6, the child should be sent to the school office. The School Administrative Officer will use her discretion. If appropriate she will change the child or will refer the matter to the parent/carer who will be telephoned and requested to come to school with clean clothing to deal with the issue. If neither of these options is available, the matter should be referred to the Headteacher or an Assistant Headteacher who will decide how to proceed. The matter must be dealt with sensitively.
- In cases of pupils with Special Educational Needs who wet and/or soil themselves or continue to need to wear nappies beyond the age usually associated with being dry, the pupil's Learning Support Assistant (LSA) will be responsible for changing as appropriate. The LSA should seek the nearest available adult to be a witness to the changing process.

## **5. Administering First Aid at School**

**5.1** All staff should take precautions to avoid infection when administering first aid and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Any member of staff treating open wounds should follow usual procedures and wear protective gloves. Plastic aprons are also available. All blood waste should be disposed of in plastic sacks and then placed in the sanitary waste bins found in the adult toilets.

**5.2** Any injuries treated by a member of staff or a trained first-aider must be recorded on CPOMS (Child Protection Online Management System).

### **5.3 First Aid Kits**

First Aid Kits can be found in the following locations:

- In each classroom in the green bag
- In the school office
- In the LRC (near the sink)
- In the DT room (near the sink) [NB. this includes a burns pack]
- In the staff room [NB. this includes a burns pack]
- Every lunchtime, a member of the SMSA team responsible for each playground must collect a first aid kit and place this in each playground.
- A first aid kit must also be taken with any group to any off-site activity (see section on administering first aid whilst off the school site).

It is the responsibility of the Medical Officer to replenish all first aid boxes and wash any first aid blankets etc. at the start of the Autumn, Spring and Summer terms. However, all other users are requested to take responsibility for restocking first aid boxes whenever necessary. First aid stock is kept in the lockable storeroom within the school office.

### **5.4 Cuts and grazes**

Minor cuts and grazes may be dealt with by the nearest adult who must make sure that their own hands are clean and dry and that they use disposable gloves. All open cuts should be covered after they have been cleaned with clean running water (antiseptic wipes or creams should not be used). Children must always be asked if they can wear plasters before one is applied. Children who are allergic to plasters will be given an alternative dressing. More serious cuts and grazes require the attention of a member of staff who has completed the emergency first aid in schools training (see appendix 1). This member of staff will treat the child (as above). All cuts and grazes should be recorded on CPOMS.

### **5.5 More serious injuries requiring the attention of a trained first-aider**

The child should be sent to the school office with an adult or a responsible partner. A member of staff in the school office should be informed about their symptoms through the accompanying adult or through a phone call from the member of staff who sent the child. A member of the office staff will request assistance from a trained first aider (see appendix 1). Any injuries must be recorded on CPOMS.

### **5.6 Damage to teeth (including knocked out tooth)**

If a child has any damage to their teeth, or has a tooth knocked out, they should be sent to the office for treatment. If found, teeth should be placed in milk as soon as possible. Parents/carers must be informed by telephone and must be advised to take the child to their dentist as soon as possible.

### **5.7 Damage to the face**

If any child suffers significant marks - e.g. bruises or grazes - to the facial area, parents/carers must be advised by telephone and invited in to school to see their child if they wish to. If it is not possible to contact parents/carers, the class teacher or member of SLT should explain what happened to the parents/carers in person at the end.

## 5.8 Head Bumps

- Any bump to the head, no matter how small, is treated as serious.
- Children with bumped heads should be sent to the school office.
- All head bumps should be treated immediately with a cool pack.
- Parents/carers will be informed by telephone and invited in to school to see their child if they wish to (see telephone guidance **(see appendix 4)**).
- If the child is well enough to return to the classroom, their teacher must be informed and requested to keep a close eye on the child; they should watch for signs of drowsiness, nausea or vomiting.
- The child must be sent home with a Head Bump letter which should **not** be placed in an envelope so that the person handing over the letter knows its content and importance **(see appendix 5)**.
- All bumped head incidents will be recorded on CPOMS.

## 5.9 Reporting Injuries

- All injuries must be recorded on CPOMS in the First Aid category.
- The Headteacher (or Assistant Headteacher in the Headteacher's absence) **must** be informed of any damage to children's teeth, face or any head bumps before the end of the day that the injury took place. This should be done in person or by phone and should include the date/time, the name of the child, the nature of the injury and how the injury occurred – especially whether it was accidental or the result of another child's deliberate actions. This information should also be recorded on CPOMS as soon as it is possible.

## 6. Administering First Aid Whilst Off the School Site

**6.1** Any trip or visit involving children under 5 must be accompanied by a trained paediatric first aider.

**6.2** It is the responsibility of the trip leader to ensure that the class 'green bag' (which includes a first aid kit) is taken with any group to any off-site activity.

- The trip leader should check the first aid kit before leaving school and, upon return to school, must also replace any items used during the trip (or arrange for the Medical Officer to do so). First aid stock is kept in the lockable storeroom within the school office.
- It is the responsibility of the trip leader to ensure that any medication required by children such as inhalers, epi-pens etc. is taken with any group to any off-site activity. Medication boxes should be taken from both the class and the school office. Once back on school grounds, the second medication box should be returned to the office.

## 7. Calling the Emergency Services

Ambulances will usually only be called by the School Administrative Officer, the Medical Officer or a member of the SLT. However, if any member of staff is in any doubt about a child's health, they should call an ambulance. If possible, inform the service that the primary school is a large, orange-brick, Victorian building to avoid confusion with the secondary school. Advise the ambulance service to park outside the main pedestrian entrance to the primary school and ensure a member of staff is sent to street level to wait for it to arrive. If a parent/carer cannot be contacted by the time the ambulance departs, an adult from school should accompany the child, if permitted. Before leaving school, ask a School Administrative Officer to print out a SIMS DATA COLLECTION SHEET which contains all the child's personal details. If the child has a **school health care plan** or a **GP treatment plan**, ensure that a copy of this is taken to the hospital or given to the ambulance drivers.

## 8. Administering Medicines in School

### 8.1 Over-the-counter medication (e.g. cough mixture, throat lozenges etc.)

- The school will **not** administer any over-the-counter medication that has not been prescribed by a doctor/nurse.
- Such medication **must not** be sent into school, and should not be put into children's book bags etc.

- If a parent/carer considers that their child is not well enough to attend school without over-the-counter medication, the child should remain at home until fully recovered, or the parent/carer may request permission from the Headteacher or another member of SLT to come into school to administer the over-the-counter medication themselves at playtime or lunchtime.

## 8.2. Lip creams

Children are permitted to bring lip creams in to school. However, these must be for medical rather than fashion purposes and children must be made aware of the importance of not sharing them with others.

## 8.3. Sun creams

- During sunny weather, parents/carers are requested to apply sun cream to children before they arrive at school in the morning.
- If a parent/carer feels that it is necessary to reapply sun cream during the day, the child will be permitted to bring sun cream into school. This **must** be labelled with the child's name and class. Children must apply the sun cream themselves and must not share their cream with anyone else.
- In extreme conditions, when it is perceived by a member of staff that not applying sun lotion would cause harm from exposure to the sun, school staff are permitted to apply sun cream, but only to the face, neck, shoulders and arms or legs below the knee.

## 8.4. Short term prescription medication prescribed by a doctor/nurse and/or ongoing prescription medication prescribed by a doctor/nurse

- The school will only administer prescription medication that a child is required to take **at least 3 times a day** or that **must be taken at lunchtime** or that is required for unpredictable period pain and for which the parent/carer has given signed permission.
- In the event of any child coming to school with over-the-counter medicines or prescribed medication **without informing the school office**, the medicine will be removed from the child and will not be administered. Parents will be called and informed.
- For ongoing medical conditions - e.g. eczema, epilepsy, asthma, diabetes, sickle cell anaemia - the school will administer medication (e.g. creams, inhalers, insulin, Ritalin) according to the requirements identified in the School Health Care Plan (**see appendix 2**) or the Treatment Plan provided by a GP/Consultant.
- The prescribed medication must be brought in to the school office by a parent/carer and must never be given to a child to hand in, or placed in the child's book bag.
- Before any medication is administered to children, a parent/carer must sign the school consent form (**see appendix 6: short term administration e.g. antibiotics and/or prescribed painkillers and appendix 7: ongoing administration**)
- Whilst in school, all medications will be stored in the fridge in the school office or in the first aid cabinet above the sink.
- Administration of prescription medication, other than inhalers, will always take place in the school office unless the child is on a trip or visit.
- If a child takes his/her inhaler in the classroom or on a trip, the adult present must record this on CPOMS.
- The Headteacher, the Assistant Heads, School Administrator officer, Medical Officer, SENCO or LSA specifically allocated to a child are authorised and/or have been trained to administer prescription medication. If the child's class is on a trip or visit, the trip leader is authorised to administer medicine if he/she is willing.
- The member of staff administering the medicine will ensure that another member of staff is present and has cross-checked the name on the medication against the name of the child to whom the medicine is about to be administered.
- Once administered, the individual pupil record of administration should be completed on CPOMS as soon as is possible. Any paper (e.g. short/long term record; Parental agreement to administer



medication) must be placed in the child's medical file and will be transferred to secondary school with him/her.

- For prescribed creams for skin conditions such as eczema, we will supervise the child applying the cream to his/her own body and will, if necessary, apply cream to areas beyond the child's reach. However, staff will not apply creams to areas of the body which require the removal of any form of underwear.

## **9. Intimate Care**

**9.1** Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of, parts of the body considered private or sexual such as genitals, the anus etc. Examples include care associated with continence and menstrual management. At St Augustine's we are committed to ensuring that all staff responsible for the intimate care of children will be properly trained and will undertake their duties in a professional manner at all times; the child's welfare and dignity is paramount and no child will be attended to in any way that causes distress or pain. As a basic principle, children will be supported to achieve the highest level of autonomy possible given their age and abilities.

## **10. Sharps and Needlestick Injuries**

**10.1** Sharps injuries are punctures of the skin from sharp objects, such as broken glass, a nail or a bite. Needle stick injuries are another form of punctures to the skin, but from needles or syringes, for example, the needles used in the treatment of diabetes. The risks from sharps and needle stick injuries mainly occur in two ways:

- the risk of cross-infection
- the risk of poisoning or allergic reaction from any solution remaining in a syringe

If a sharps injury should occur, staff must take the following steps:

- Stop what you are doing immediately to attend to the injury.
- If possible, call a senior first aider to continue the treatment to the pupil and to assist you.
- Encourage bleeding from the injury by squeezing the area around the puncture – do not suck the wound.
- Wash the wound well with soap and warm running water for at least five to ten minutes.
- Cover with a waterproof dressing.
- Report the incident to the Medical Officer and /or Headteacher or another member of SLT immediately.
- Record on CPOMS
- For sharps injuries caused by glass, nail - or similar - check on your tetanus status and, if necessary, arrange a tetanus booster as soon as possible.
- For human or animal bites, attend your GP or walk-in clinic as soon as possible; it is likely that you will be prescribed a course of anti-biotics.
- For needle stick injuries attend A&E immediately.

## **11. Controlling Contagious & Infectious Diseases**

**11.1** The school is guided by the advice of the Department of Health. There is a poster entitled 'Guidance on infection control in schools and nurseries' displayed in the medical area at the back of the school office. This is also available online:

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

Please see this poster for information about recommended periods that children should be kept away from school.

**11.2** Guidance on response to COVID 19 can be found in the Outbreak Management Plan and the school's COVID risk assessment

## **12. Staff responsible for the policy:**

- School Medical Officer
- Head of Primary

**Appendix 1:****Agenda of meetings between School Nurse and Medical Officer**

1. New children
2. Referrals
3. Children with attendance concerns
4. Children with health concerns
5. Child protection/vulnerable pupils
6. Newly diagnosed medical conditions
7. Health promotion
8. Forthcoming events
9. AOB

## **Year Four**

**Our class Medical Needs  
bag is  
kept on a peg to the left of  
this door**

### **Appendix 3:**

#### **Care plan templates stored in the Admin Drive - Medical Area**

- Care Plan Template – ADHD medication management
- Care Plan Template - Asthma
- Care Plan Template – Epilepsy
- Care Plan Template – General
- Care Plan Template – Type 1 Diabetes
- Care Plan Template – Severe Allergies

### **Appendix 4:**

#### **Telephone advice about bumped heads**

We send a head bump letter home with the child, but will also phone a parent/carer to inform them in person. The person who administers first aid and writes the head bump letter is also responsible for calling the parent or arranging for another member of staff to do so. It is important not to cause undue anxiety when making the call, but the parent should be offered the opportunity to come into school to see their child if they wish.

#### **Below is an example of a scripted call:**

Hello, I'm calling to let you know that x has had a bit of a bump on the head at school today when she fell over whilst playing at lunchtime. I have /our first-aider has put a cold compress on the bump and has examined her carefully. We don't have any concerns about her at the moment so we think she is fine to stay at school. If you would like to come and see her, you would be very welcome. If you can't come we'll keep a close eye on her, but you'll want to check her this evening. If she seems at all dizzy, sick or suffers from a headache we advise you to take her to hospital to be checked.

If you cannot make personal contact with the parent, please leave a message on his/her home answer phone or mobile. In addition, a member of the class team or first aider must take the child to his/her parent in the playground at the end of the day and personally hand him/her over to explain what has happened.

## Appendix 5: Head Bump Letter



### St Augustine's Federated Schools - Primary

Kilburn Park Road, London NW6 5XA

Phone: 020 7328 0221

Fax: 020 7372 0251

Email: [office@stap.org.uk](mailto:office@stap.org.uk)

City of Westminster LA

Diocese of London

Head of Federation: Eugene Moriarty

Head of Primary: Ruth Vince

Assistant Heads: Catrin Cunnington & Emily Bettoni

Senior Leader: Carla Sorbello-Bali

Dear parent/carer,

..... bumped his/her head at school today. We have looked after him/her carefully throughout the day and he/she seems to have made a good recovery.

I advise you to watch ..... very carefully at home this evening. If he/she complains of feeling sick or dizzy, or vomits, please seek medical attention as soon as possible and take this letter with you.

Yours sincerely,

Ruth Vince

Head of Primary

## Appendix 6: Parental agreement for school to administer prescription medicine – SHORT TERM

**MEMBERS OF STAFF AT SCHOOL WILL NOT GIVE YOUR CHILD ANY FORM OF PRESCRIPTION MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM.**

**Please ask if you need help to fill it in.**

<b>Name of school:</b>	<b>St Augustine's Federated Schools Primary, Kilburn Park Road, London, NW6 5XA</b>
<b>Telephone number:</b>	<b>020 7328 0221</b>

<b>Child's name:</b>	
<b>Child's date of birth:</b>	
<b>Child's class:</b>	
<b>Name and strength of medicine (please copy exactly from the container):</b>	
<b>Dosage to be given:</b>	
<b>Frequency of dosage to be given:</b>	
<b>When dosage should be given:</b>	
<b>Number of tablets/quantity of medication given to school:</b>	
<b>Daytime telephone number of parent or adult carer:</b>	
<b>GP's name:</b>	
<b>GP's telephone number:</b>	
<b>The above information is, to the best of my knowledge accurate at the time of completion of this form and I give my consent to school staff to administer the above medication to my child in accordance with the school's policy.</b>	
<b>Name of parent in BLOCK CAPITALS:</b>	
<b>Signature of parent:</b>	
<b>Date:</b>	

## Appendix 7: Parental agreement for school to administer prescription medicine – ONGOING

**MEMBERS OF STAFF AT SCHOOL WILL NOT GIVE YOUR CHILD ANY FORM OF PRESCRIPTION MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM.**  
Please ask if you need help to fill it in.

<b>Name of school:</b>	St Augustine's Federated Schools Primary, Kilburn Park Road, London, NW6 5XA
<b>Telephone number:</b>	020 7328 0221

<b>Child's name:</b>	
<b>Child's date of birth:</b>	
<b>Child's class:</b>	
<b>Medical condition/illness:</b>	

<b>Name and strength of medicine (please copy exactly from the container):</b>			
<b>Date dispensed:</b>			
<b>Expiry date:</b>			
<b>Dosage to be given:</b>			
<b>Self administration?</b>	<b>Yes:</b>		<b>No:</b>
<b>Frequency of dosage to be given:</b>			
<b>When dosage should be given:</b>			
<b>Are there any side effects and/or special precautions?</b>			
<b>Procedure to take in an emergency</b>			
<b>GP's name:</b>			
<b>GP's telephone number:</b>			
<b>The above information is, to the best of my knowledge accurate at the time of completion of this form and I give my consent to school staff to administer the above medication to my child in accordance with the school's policy.</b>			
<b>Name of parent in BLOCK CAPITALS:</b>			
<b>Signature of parent:</b>			
<b>Date:</b>			



