



GIFFARD PARK PRIMARY SCHOOL

First Aid, Illness and Medication at School Policy

Agreed: March 2026
Review: November 2029

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Giffard Park Primary School

First Aid, Illness and Medication at School Policy

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and Guidance

This policy is based on the [statutory framework for the Early Years Foundation Stage](#), advice from the Department for Education (DfE) on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [The Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and Responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person is the **Office Manager**. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- Making sure that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident (see the template in Appendix 3)
- Keeping their contact details up to date

Our school's First Aiders are listed in Appendix 1. Their names will also be displayed prominently around the school site.

3.2 The Local Authority and Governing Board

Milton Keynes City Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.3 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Making sure that an appropriate number of first aiders are present in the school at all times
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the first aiders in school are
- Completing accident reports (see Appendix 3) for all incidents they attend to where a first aider is not called
- Informing the Headteacher or their line manager of any specific health conditions or first aid needs

School staff do not need a first aid training certificate to treat minor injuries. Any staff member who feels confident to do so may clean a small cut or graze, apply a plaster or provide an ice pack.

4. First Aid Procedures

4.1 In-School Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- During lesson times, if the injury cannot be dealt with in the classroom, the child should be sent to the office, accompanied by another child or adult
- During breaktimes, **minor** incidents and accidents should be dealt with in the first instance by the staff on duty. For injuries that require closer attention, or an ice pack, children should be sent to the medical room where office staff can attend to them. Children should be given a green card to demonstrate that they have been initially assessed by an adult outside
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- If the injured person (or their parents/carers, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment)

- The **first aider** will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, the **office staff** will contact parents/carers and ask them to collect their child. On the parent/carer's arrival, the first aider will recommend next steps to them
- If emergency services are called, the **office staff** will contact parents/carers immediately (see 6.3)
- If an ambulance is dispatched, the **staff member attending the incident** will remain with the injured person and speak to emergency services over the phone, with the support of office staff, until the ambulance arrives
- The **first aider (or attending staff member)** will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury (see 6.1)

There always be at least 1 person who has a current Paediatric First Aid (PFA) certificate on the premises.

Staff administering first aid should wear disposable gloves where bodily fluids are involved. An adult witness should be present if tending an intimate part of the body. Any dressings or materials which have been in contact with body fluids (e.g. blood, vomit etc.) must be disposed of in the designated yellow bin in the medical room.

4.2 Off-Site Procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A school mobile phone
- A portable first aid kit including, at minimum:
 - 8 individually-wrapped antiseptic sterile cleansing wipes
 - 1 strip of sticking plaster dressing (to be cut to size)
 - 1 pair of rustproof blunt-ended scissors
 - 3 medium individually-wrapped sterile wound dressings
 - 3 large individually-wrapped sterile wound dressings
 - 1 roll of micropore tape
 - 2 individually-wrapped triangular bandages
 - 5 pairs of disposable gloves
 - 4 bags for damp kit, biodegradable plastic
 - Small envelopes for milk teeth
 - 6 disposable sick bags
 - 2 yellow clinical waste bags
 - 2 portable instant cold packs
 - 1 emergency foil survival blanket
 - 1 pack of cleansing wipes
- Information about the specific medical needs of pupils
- Parents/carers' contact details
- Book of School Accident Report slips

Risk assessments will be completed by a teacher and approved by the Educational Visits Co-ordinator (EVC) and the Headteacher prior to any educational visit that necessitates taking pupils off school premises.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider with a current PFA certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage (EYFS).

5. First Aid Equipment

A typical first aid kit in our school will include the following:

- 6 individually-wrapped antiseptic sterile cleansing wipes
- 1 strip of sticking plaster dressing (to be cut to size)
- 1 pair of rustproof blunt-ended scissors
- 3 medium individually-wrapped sterile wound dressings
- 3 large individually-wrapped sterile wound dressings
- 1 roll of micropore tape
- 3 pairs of disposable gloves
- 2 bags for damp kit, biodegradable plastic
- Green first aid cards
- Small envelopes for milk teeth
- 1 disposable sick bag

No medication is kept in first aid kits (see section 9 for procedures regarding medication).

First aid kits are stored in:

- The medical room
- Bum bags that are used in the playground and taken on educational visits
- The school kitchen (this kit is maintained by the external caterer, Hobbs)

See section 4.2 for first aid equipment off the school site.

Facilities in the school's medical room include:

- fixed medicine cabinet with lock
- fridge with lock
- yellow bin for waste materials (see 4.1), this is emptied regularly by an appointed contractor
- wash basin
- reclining bed

This room is located near to the disabled toilet facilities and an external phone line for emergency calls. Details of children with severe medical conditions are displayed in the medical room, including a copy of their individual care plan.

6. Record-Keeping and Reporting

6.1 First Aid and Accident Record Book

An accident form will be completed by the **first aider or attending staff member** on the same day or as soon as possible after an incident resulting in an injury.

As much detail as possible will be supplied when reporting an accident, including all the information included in the accident forms at Appendix 3.

For accidents involving pupils, a copy of the accident report form will be retained securely by the school.

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The **Office Manager** will **keep a record of** any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The **Office Manager** will **report** these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Cover more than 10% of the whole body's total surface area; or
 - Cause significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the **Office Manager** will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident '*arises out of*' or is '*connected with a work activity*' if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying Parents/Carers

School staff will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents/carers will also be informed if emergency services are called.

Where non-urgent medical treatment is required, parents/carers will be informed immediately and arrangements made for them to collect their child.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 2).

The school will arrange for first aiders to re-train before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current PFA certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Illness

Children who feel unwell should be sent to the office, accompanied by another child or adult.

The decision to send an unwell child home will be made by **a member of SLT**. If none is available, the office staff will make an informed decision.

8.1 Vomiting and Diarrhoea

There are buckets and disposable sick bags in the medical room for children who feel nauseous. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. Mops, buckets and absorbent clean-up powder may all be found in the caretaker's cupboard.

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with one or both of these conditions need to stay off until 48 hours after the last symptom has elapsed.

8.2 Chicken Pox, Rashes and Other Infections

If a child has a rash, **a staff member** will look at their arms or legs. If the staff member is concerned by the rash or suspects the rash may be infectious, e.g. chicken pox, the child's parent/carer will be called.

A child's back or chest would only be viewed if the school were concerned about infection to other children. In this case, another adult would be present and the inspection would only take place with the child's consent.

If a child has an infection, they will need to stay off school for the appropriate time period. The Headteacher or office will advise timescales based on NHS guidance.

8.3 Head Lice

Staff do not examine children for head lice. If it is suspected that a child has head lice, parents/carers will be informed and asked to examine their child.

9. Medication

There is no legal duty which requires schools to administer medicines to pupils. However, at the discretion of the Headteacher, the school agrees to administer medicines to pupils but only in limited circumstances and in accordance with this policy. Individual staff members retain the right to refuse to administer medicines.

All requests for the school to administer medicines must be made in writing and include detailed instructions to staff. Parents/carers should use the form entitled 'Administration of Medication' (see Appendix 4), which can be obtained from the office.

Although every encouragement should be given to children to attend school, a child who is clearly unwell should not be sent into school, nor one who is infectious or contagious. For further guidance on this issue, please see the NHS poster 'Guidance on Infection Control in Schools and Nurseries' in the medical room, or the NHS poster 'Should I keep my child off school?' in the reception area.

9.1 Circumstances for Administering Medication

The circumstances in which medicines will be administered to children are:

- A child suffers from a long-term condition requiring constant medication. Most common examples of this are asthma, epilepsy, diabetes and allergies.
- A child is recovering from a short-term illness, is well enough to return to school but needs to complete a course of medication (e.g. antibiotics).
- A child has been prescribed medication to help with behavioural difficulties or to prevent an infection developing.

In all other circumstances, it is expected that parent/carer will come to school to administer their child's medication.

It should be noted that a child who has been prescribed antibiotics must not return to school until they have completed at least two days of the course. The only exception to this rule is if the antibiotics are precautionary, as mentioned above.

Occasionally, a child falling within one of the above categories might suffer from a particularly complex health condition which the school would find difficult to support. Requests for medical assistance in such situations will be considered by the Headteacher, in consultation with the parent, on a case-by-case basis.

9.2 Prescribed Medicines

Parents/carers are responsible for providing full information about their child's medical needs, including details of all medicines prescribed and any changes to prescriptions. Apart from the exceptions noted below (see 9.3), the school will only accept medicines which have been prescribed by a doctor, dentist or similarly qualified medical professional. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. **Usually, medicines will only be administered in school when they are required to be taken 4 or more times daily.** However, we recognise that there may have to be exceptions, e.g. when medication has to be taken with food, and on these occasions, the school will do our best to accommodate.

9.3 Over-the-Counter Medicines

If a child is found to have a temperature between 37.4°C and 37.9°C, the school will phone the parent/carer and request that they come in to administer paracetamol (e.g. Calpol), or to collect their child.

If a child is found to have a temperature of 38°C or above, the school will phone the parent/carer and request that they come in to collect their child.

When a child is involved in a school visit involving a coach journey, and that child is known to suffer from travel sickness, the school will administer travel sickness medication as directed in writing by the parent/carer, if the medication is provided in its original container.

During a residential visit, if the parent/carer has given signed consent for the school to administer Calpol, then it will be administered by a first aid trained staff member, who will note the dosage and time given.

9.4 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medication for children. Any staff member may administer a controlled drug to the child for whom it has been prescribed. The drug should be administered in accordance with the prescriber's instructions.

9.5 Procedures for Handling and Storing Medicines

- Medicines must be signed in by the parent/carer with office staff at reception
- Medicines must be collected by an adult, not a child, at the end of the day
- Medicines must be clearly labelled with the child's name and class
- Most medicines will be stored in a locked cabinet in the medical room; medicines that require refrigeration will be stored in the fridge
- Medicines which the child may require at short notice, e.g. asthma inhalers, will be kept within easy access of the child at all times
- A child who has been prescribed a controlled drug may legally have it in their possession. However, the school would seek to agree with the parent/carer that the drug may be stored in the medical room, on the understanding that it will be administered correctly to the child as required
- All unused medicines will be returned to the parent/carer for safe disposal

10. Monitoring Arrangements

- This policy will be monitored by the Headteacher and reviewed by the governors every 3 years.
- At every review, the policy will be approved by the Finance and Staffing Committee.
- The first aid provision will be reviewed by all involved at least annually.

11. Links with Other Policies

This First Aid policy is linked to the following policies:

- Health and Safety
- Supporting Pupils with Medical Conditions
- Intimate Care

Appendix 1: List of Trained First Aiders

Staff Member	Role	Training Details
Jady Jones	Admin Assistant	Paediatric, 29-Jan-2026
Kerrie Redshaw	TA: Pre-School	Paediatric, 01-Oct-2025
Karen Deathe	Learning Mentor	Paediatric, 11-Nov-2024
Debbie Bell	EYFS Lead	Paediatric, 03-Oct-2024
Mary Sharp	Pre-School Teacher	Paediatric, 21-Oct-2024
Siân Rees	Office Manager	Emergency, 05-Feb-2024 Paediatric, 01-Sep-2023
Abbie Rivers	Midday Supervisor	<i>Paediatric booked April 2026</i>
Michelle Lane	Teaching Assistant	<i>Paediatric booked May 2026</i>

Paediatric First Aid certificates should be renewed every 3 years.

All staff are required to take online basic First Aid training.

The names of our school's First Aiders are also displayed prominently around the school site.

Appendix 2: First Aid Training Log

Name/Type of Training	Staff Who Attended (individual staff members or groups)	Date Attended	Date for training to be renewed (where applicable)
Paediatric First Aid	See Appendix 1		Every 3 years
Epi-Pen and Allergies (f2f with School Nurse)	Kerri Day, Karen Deathe, Emma Hendrie, Siân Rees, Natalie Ward	04/06/2025	As needed
Diabetes Pump (f2f with Diabetes Team)	Jady Jones	27/01/2025	As needed
Diabetes Pump (f2f with Diabetes Team)	Toni Coster, Yoland Dias, Jacqui Laverick, Rachel Mitchell, Marta Pedzisz, Kerrie Redshaw	06/09/2024	As needed
Diabetes Pump (f2f with Diabetes Team)	Liliane Lees, Siân Rees	11/03/2024	As needed

Appendix 3: Accident Report Forms

For accidents and incidents involving children:

School staff use School Accident Report books (stored in the office area / medical room).

The top slip is passed on to the parent/carer the same day, usually via the child. If the slip does not go home the same day, the staff member will phone the parent to pass on the relevant information.

The duplicate slip is retained by the school (see 6.1).

School Accident / Illness Report Slip

Report issued by: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Pupil's Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Date: Time: Class:

Location and details of accident/incident/illness

<input type="checkbox"/> Head injury <input type="checkbox"/> Asthma <input type="checkbox"/> Bump/Bruise <input type="checkbox"/> Cut/Graze <input type="checkbox"/> Headache/High temperature	<input type="checkbox"/> Vomiting/Nausea <input type="checkbox"/> Sprain/Twist <input type="checkbox"/> Nosebleed <input type="checkbox"/> Stomach pain/Upset tummy <input type="checkbox"/> Mouth injury/Toothache/Loose or missing tooth	<input type="checkbox"/> TLC applied <input type="checkbox"/> Collected from school <input type="checkbox"/> Parent/Carer contacted <input type="checkbox"/> Unable to contact parent <input type="checkbox"/> Well enough to stay in school after first aid
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IMPORTANT: Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

Details of treatment and additional comments: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Authorised signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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SCHOOL ACCIDENT REPORT

Triplicate Book

Carbonless

- GDPR Compliant: All copies perforated to be easily removed and filed accordingly to your GDPR policy keeping information confidential and compliant.
- 210mm x 99mm
- 50 Triplicate sets
- Made in the UK

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For accidents and incidents involving adults:

The Office Manager records the details in the HSE compliant Incident Report Book, stored in the office area.

1	RECORD TYPE - Accident = Personal injury, illness or death. Incident = Damage to property or plant.
Accident or Incident:	
2	DETAILS OF THE PERSON INJURED or INVOLVED WITH INCIDENT
Full Name:	
Address:	
Occupation:	
3	DETAILS OF THE ACCIDENT or INCIDENT
Date:	
Time:	
Place / Location of where it happened:	
4	INJURY DETAILS or DAMAGE DETAILS
Cause:	
Nature:	
5	DETAILS OF THE PERSON RECORDING THE ACCIDENT or INCIDENT (If different to section 2 above)
Full Name:	
Address:	
Occupation:	
6	RIDDOR - Has the accident been reported to the HSE?
Yes or No:	



Appendix 4: Administration of Medication Form



Giffard Park Primary School

Broadway Avenue, Giffard Park
Milton Keynes, MK14 5PY
Tel: 01908 617868

Headteacher: Mrs G Wiles BA (Hons) PGCE

Email: office@giffardpark.milton-keynes.sch.uk

Dear Parent/Carer,

ADMINISTRATION OF MEDICATION

The 'First Aid, Illness and Medication' policy clearly states that the school can only administer prescribed medication (in original container) and this **must** be accompanied by written permission using this form.

Unless we receive this, we are **NOT ABLE TO ADMINISTER MEDICINES**.

Yours sincerely

Glynis Wiles
Headteacher

PARENTAL REQUEST TO SCHOOL TO ADMINISTER MEDICINES

Child's name: Class:

I request that school administers the following prescribed medication:

.....

amount at (time)

EXPIRY DATE:

Any other comments:

.....

Signed:(parent/carer) Date:

