**FULWELL JUNIOR SCHOOL**

**MANAGEMENT OF MEDICATION: RESIDENTIAL VISIT TO DERWENT HILL**

**Date of Visit : 16th June – 20th June**

**Name of Child: ……………………………………………………………………………………………………….**

**Class: ……………………………..**

You have identified on your Consent Form that your child suffers from the following medical/physical condition that will require support at Derwent Hill.

1……………………………………………………………………………………………………………………………..

2……………………………………………………………………………………………………………………………..

3……………………………………………………………………………………………………………………………..

To assist us in ensuring we meet the needs of your child whilst they are away from home, please note the following information:-

1. We will only administer medication that has been appropriately prescribed by your child’s GP/Specialist
2. We must request that you obtain medication specifically to take to Derwent Hill; the treatments that we normally hold in school for your child will remain in school.
3. Medication must be supplied in its original form – we will not take part opened bottles/reduced doses.
4. It is essential that you provide clear instructions of timings, dosage etc. of the medication and any other supporting information as necessary.
5. All medication should be handed over to school in a container clearly marked with your child’s name and class. This form must also be provided.

**MEDICATION:**

|  |  |
| --- | --- |
| Name/Type of Medicine (as described on the container) |  |
| Amount provided to school |  |
| Medication Type: (Tablet/liquid etc.) |  |
| Expiry Date: |  |
| Maximum Dose within 24 hours: |  |

**DOSAGE:**

|  |  |
| --- | --- |
| Dosage to be given: |  |
| Time to be given: |  |
| Special Precautions/other instructions: |  |
| Are there any side effects of the medicine: |  |
| Procedure to take in an emergency: |  |

**OTHER SUPPORTING INFORMATION:**

|  |
| --- |
| If there is any other information regarding your child’s medical condition or the dispensing of this medication that you feel we would benefit from knowing, please add the additional information below: |
|  |

**AUTHORISATION:**

* I agree to Fulwell Junior School staff dispensing and monitoring this medication on my behalf whilst my child is at Derwent Hill.
* This is the full, detailed account of my child’s condition and only the medication provided is required. I understand it must be supplied in a complete state, unopened, and appropriately dispensed by my child’s GP.
* I give permission for Fulwell Junior School staff to take any necessary emergency action as necessary to safeguard my child from risk of harm.

Signed…………………………………………………………………………………………………………….

Relationship to Child……………………………………………………..

Date…………………………………………