



CONSEJERÍA DE EDUCACIÓN
INSTITUTO ESPAÑOL
VICENTE CAÑADA BLANCH

Cañada Blanch Spanish School

Founded 1972



School Medicine policy

17/12/2019

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Whilst we wish to ensure that pupils with medication needs receive appropriate care and support at school, we would like to remind families that:

- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Only reasonable quantities of medication should be supplied to the school.
- The school will not give your child any medicine unless you complete and sign the *Parental agreement to administer medicine* form.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- Please be advised that if your child requires long term medication then you will need to inform the school as soon as possible and you will be required to provide a letter from your GP to confirm this. If your child requires medication two times daily this should be administered at home morning and night.
- Each item of medication must be delivered to the School Office, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:
 - . Pupil's Name.
 - . Name of medication.
 - . Dosage.
 - . Frequency of administration.
 - . Date of dispensing.
 - . Storage requirements (if important).
 - . Expiry date.



IMPORTANT MEDICAL INFORMATION

In order to improve the care of your child during the school day and the complementary and extra-curricular activities, please complete the following form:

Student's name: _____		Level: _____
NHS Registration Number: _____		
G.P. DATA (Primary Care Physician)	NAME :	ADDRESS:
More information: https://assets.nhs.uk/prod/documents/Using-the-NHS-Information-for-visitors-from-abroad.pdf https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/		

- FOOD ALLERGIES: NO YES

- ASTHMA: NO YES

- DIABETES: NO YES

- EPILEPSY: NO YES

- OTHER MEDICAL CONDITION: NO YES

- MEDICATION DURING SCHOOL HOURS: NO YES*

Please complete the questionnaire on the back if you check YES.

London of 20.....

Fdo.:



PARENTAL AUTHORIZATION FOR MEDICATION ADMINISTRATION

The staff of the school will not administer medicines to the students without completing this questionnaire and, in any case, will act as instructed in the School medicine policy, available on the website.

Student's name: _____ Level: _____	
Date of birth: _____	
Medical condition	
Name and type of medicine (as described in the package insert)	
Expiry date	
Dosage and form of administration	
Frequency/posology	
Additional / Special Precautions	
Side effects the school should be aware of	
Self-administration by students	<input type="checkbox"/> NO <input type="checkbox"/> YES
Process to follow in case of emergency	
Date of delivery of the medication to the school's secretariat of 20.....
<p>The information provided is correct at the time of signature and I give my consent to the school and its staff to administer such medication as provided in its medication policy. I also agree to modify such information in writing at any time there is a change in dosage, frequency or discontinuance.</p> <p style="text-align: center;">Fdo.: London _____ of _____ 20__</p>	