



HESLEDEN PRIMARY SCHOOL



1 November 2021

Dear Parents/Carers,

Updated guidance from the Department for Health states: *There are a number of national (and hence local) initiatives to encourage people to 'self-care' when safe and appropriate, with medicines that can be bought over the counter (OTC) for short term treatment of self-limiting conditions such as headaches, upset stomachs, coughs and colds, and indigestion.*

The guidance also states: *this now allows non-prescription medication to be administered where there is a parent's / carer's prior written consent.*

As a school, we will only give non-prescribed medicines as a last resort and only if consent is held

Use of Medication in School

Occasionally it may be necessary for our school's First Aiders to administer medication held within school. In order to do this we need written permission. You will **always** be notified before we use this medication.

Please tick below which medication(s) you consent to being administered to your child in school.

Child's Name:	Date of birth:
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I give consent for the school's medication as indicated below to be used for my child if necessary.

Paracetamol	
Ibuprofen	
Antihistamine	
Sting Ointment	

Signature of parent/carer:	
Relationship to child:	
Date:	



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October 2021

Dear Parents/Carers,

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The guidance also states: *this now allows non-prescription medication to be administered where there is a parent's / carer's prior written consent.*

As a school, we will only give non-prescribed medicines as a last resort and only if consent is held

Use of Emergency Inhalers and Adrenaline Auto Injectors in school

In exceptional circumstances it may be necessary for our School's First Aiders to administer the school's Emergency Inhaler / Adrenaline Auto Injectors (Epi-pen). In order to do this we need written permission. You will **always** be notified when we have to use this medication. Please fill out the relevant sections below.

Child's Name:	Date of birth:
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I give consent for the school's:

Emergency Inhaler to be used for my child if necessary in an emergency	
Emergency Adrenaline Auto Injector to be used for my child if necessary in an emergency situation	

Signature of parent/carer:	
Relationship to child:	
Date:	