



NETHERTHORPE SCHOOL

Learn • Enjoy • Succeed

Headteacher
Mrs H McVicar

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MEDICINE GENERAL CARE PLAN

E: info@netherthorpe.academy

To: Head of Netherthorpe Academy

From: Parent / Guardian of (Full Name of Child)

My child is currently suffering from / diagnosed as having;

..... (Name of illness / condition)

He / She has been considered fit for school but requires the following medicine(s) to be administered during school:

..... (Name of medication)

☐ My child is over 16 years of age and I allow him / her to carry and self-administer their own medication(s).

☐ I do not allow my child to carry out self-administration of medication in school.

Emergency Medication

Students using inhalers are expected to have them at all times, and have a spare in school which should be held at the Medical Room.

Students with an Epipen are expected to carry it all times. A spare should be held at the Medical Room.

Please could you therefore administer the medication(s) as indicated below;

..... (Dosage - mg/mls etc.) at (Time)

With effect from for..... (Days / Weeks / Months) or until advised otherwise.

The medicine should be administered by mouth / in the ear / eyes etc. - other.....

I undertake to update the school with any changes in medication / routine, use or dosage, or emergency medication and agree to maintain an 'in date' supply of the prescribed medication(s).

I also understand the school cannot undertake to monitor the use of any such 'self-administered' medication carried by the child, and that the school is not responsible for any loss of / or damage to any medication, or for use other than as prescribed.

I understand that if I do not allow my child to personally carry the medication, it will be stored securely by the school & administered by staff with the exception of emergency medication which will be available for the child at all times.

I understand and accept that school staff may be acting voluntarily in administering any medication to children.

Name of parent / guardian (please print)

Signed Date

Home No Work No Mobile No.....

PLEASE RETURN TO SCHOOL AS SOON AS POSSIBLE

FOR THE ATTENTION OF MS F GIBSON

