



Aire View Site

Elliott Street, Silsden, Keighley,
West Yorkshire BD20 0AW
T: 01535 653 290

Hothfield Site

Hothfield Street, Silsden, Keighley,
West Yorkshire BD20 0BB
T: 01535 210 666



Silsden
Primary School

Administering non-prescription medication in school consent form

Dear Parent/Carer,

I am writing to you today regarding the school's policy on administering non-prescription medication. Non-prescription means medication that can be purchased over a counter without the need of obtaining a prescription from a doctor – such as paracetamol. Please read this letter carefully and complete the form at the end if you wish to give permission for school to administer non-prescription medication, which should then be returned to the school office as soon as possible. The consent provided in the form below will be applicable for the duration of the pupil's time at the school, unless a parent notifies the school otherwise.

Before administering any non-prescription medication, Silsden Primary School first seeks consent from parents. Once parental written consent has been received, a pupil may request non-prescription medication from a member of staff. These members of staff will review your child's need for the medication and will contact you for further permission, if the staff member decides that your child requires the medication. Please note, the school will only give non-prescription medication to your child if you have given permission for them to have that specific medication and brand. If the members of staff cannot reach you, your child will **not** receive any medication.

The school follows the above procedure to ensure the safety of your children – the school needs to be sure that pupils are not taking a higher dosage of medication than permitted, and that you are happy for them to receive this medication.

A log is kept which details your child's name, complaint, medication administered, by who and when. Another log will also be kept and will have details of any side effects that a pupil has experienced after taking non-prescribed medication. If there are notes in the log that your child has experienced side effects to any medication, the member of staff will ask you on the phone whether you are happy for your child to receive this medication – if the side effects were severe, such as sickness, the member of staff may refuse to administer this medication.

The school will contact you with any concerns regarding your child asking for non-prescription medication. It may be the case that the pupil requires professional medical attention, and the school is committed to ensuring pupils are healthy and safe.

For your reference, the school stores the following non-prescription medication:

Name of medication	Brand	Strength	Time between doses	Allowance
Paracetamol	Boots	120mg	4 hours	Age 3 months up to 6 months: Take 2.5ml Age 6 months up to 2 years: Take 5ml Age 2 years up to 4 years: Take 7.5ml Age 4 years up to 6 years: Take 10ml
Paracetamol	Boots – Six Plus	250mg	4 hours	6 years up to 8 years - Give 5 ml 8 years up to 10 years - Give 7.5 ml 10 years up to 12 years - Give 10 ml 12 years up to 16 years - Give 10 ml to 15 ml Adults and children of 16 years and over - Give 10ml to 20 ml

Finally, please note that non-prescription medication will be administered in accordance with the school's Administering Medication Policy, which is in line with the Department for Education's 'Supporting pupils at school with medical conditions', for parents to read thoroughly.

If you have any queries with regard to this letter, you are welcome to contact me and I will be happy to respond to any queries.

Please complete the included consent form and return it to the school office as soon as possible.

Kind regards,

Karl Russell

Headteacher



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**Silsden
Primary School**

Administering non-prescription medication consent form

Please complete this form and return it to the **school office** as soon as possible.

Name of pupil:	
Date of birth:	
Please list any prescription medication that the pupil takes: <u>It is a parent/carers responsibility to notify school of any changes.</u>	
Please state whether any medication listed above impacts the administering of non-prescription medication:	
Please list any known side effects to both prescription and non-prescription medication:	
Please list any known allergies:	

Parent one	
Full name:	
Phone number:	
Alternative phone number:	
Signature:	
Parent two	
Full name:	
Phone number:	

Alternative phone number:	
Signature:	

Please indicate in the 'Consent' column that you give permission for the school to administer each medication.

Name of medication	Brand	Strength	Time between doses	Allowance	Consent (Yes/No)
Paracetamol	Boots	120mg	4 hours	Age 3 months up to 6 months: Take 2.5ml Age 6 months up to 2 years: Take 5ml Age 2 years up to 4 years: Take 7.5ml Age 4 years up to 6 years: Take 10ml	
Paracetamol	Boots – Six Plus	250mg	4 hours	6 years up to 8 years - Give 5 ml 8 years up to 10 years - Give 7.5 ml 10 years up to 12 years - Give 10 ml 12 years up to 16 years - Give 10 ml to 15 ml Adults and children of 16 years and over - Give 10ml to 20 ml	

The data provided in this consent form will be securely stored on Medical Tracker and disposed of in line with the school's Records Management Policy, once your child has left the school.

I, _____, confirm all above information is correct and that I give permission for the school to administer non-prescription medication in line with the conditions above.

Date completed: _____