



Elton Primary School & Nursery

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Headteacher – Mr Kevin Manning

2nd September 2021

Our ref: PARL 0939

Administering Medicine

Dear Parent/Carer,

Over the summer we have updated our medicine policy, can we please make aware of the following changes.

School can only accept prescribed medicine that have a pharmacy label with the child's name and are provided in the original container as dispensed by a pharmacist. There must also be clear instructions for administration, dosage and storage. All medicines must be handed into the school office and a 'Request for the school to give Medication' form must be completed by an adult. Please note school can only administer short term medication if the dosage is for 4 times a day or more in a 24-hour period.

If your child requires long term medication. This should also be handed into the school office in a pharmacy labelled container with your child's name and dosage clearly stated. A 'Parental agreement for school/setting to Administer Controlled Medicine' will need to be completed by an adult before any medicine can be administered. An exception to this is insulin.

Please note we cannot accept any over the counter medicine for your child without a pharmacy label with your child's details.

If your child is complaining of pain, the school office will call a parent to see if you are happy for your child to be given paracetamol. If administered, a form will be sent home, stating the time it was given and dosage.

In order to keep our records up to date, can we please ask that you complete the reply slip on the back of this letter with any medical information or allergies and return to school.

Yours sincerely

Mr K Manning
Headteacher



Medical and Allergy Information

Please only complete and return to school if needed.

Child's Name: Year:

Allergies school needs to be made aware of:

Medication needed for allergy:

Medical condition:

Medication:

I have completed the relevant administer medication form and handed pharmacy named medication into school if needed.

Parent signature: Date:

