



Appendix 7

Mill Water School
Bicton
East Budleigh
EX9 7BJ



Dear Parents

This letter is to inform you of the guidelines regarding the giving of medicines in special schools.

Medication can only be given by staff if it is brought into school in the original container labelled by the pharmacist.

Emergency treatments e.g. adrenaline pens / asthma sprays / buccal midazolam / rectal diazepam also need to be provided in their original container labelled by the pharmacist.

We request that you inform the bus escorts and anyone accompanying your child to school that medicines are being transported to school with your child.

A form is enclosed for you to complete giving the details of the medication to be administered in school. This must be signed by you and returned to the nurse at school along with the medication. Please note medication will not be given unless this form is completed and signed by you.

Medicines will be returned to you at the end of every school year and should be sent into school with your child on the first day of the new academic year. Medicines no longer required or which are out of date will also be returned for you to dispose of at your local pharmacy.

You will be required to update this form, at least on a yearly basis and whenever there are change to the medication.

Thank you for your help. If you have any reason to raise a concern, compliment or complaint about the school nursing service you or your child are receiving please discuss this with the nurse directly or you can contact the Customer Services team for Virgin Care.

Their contact number is 0300 303 9509 or email:
CustomerServices@virginicare.co.uk

Yours sincerely

School Nurse



Appendix 5

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Bicton
East Budleigh
EX9 7BJ



**MEDICATION AUTHORISATION / REQUEST TO ADMINISTER MEDICATION
FOR SPECIAL SCHOOLS WITH A NURSE ON SITE**

The school nursing staff or school staff will not give your child any medication unless you complete and sign the form.

CHILD / YOUNG PERSON'S DETAILS:

NAME.....

ADDRESS.....

..... TEL:.....

DATE OF BIRTH...../...../..... NHS NUMBER..... MALE / FEMALE
(please circle)

ALLERGIES.....

PAGE.....OF.....

Medication & strength	Time	Dose	Full directions for use

I understand that I must inform the transport escort that medicines are being transported to school.

I consent to the school nursing staff or school staff giving the above medication to my child.

Name

Date

Signature

Relationship to pupil