



PENSANS COMMUNITY PRIMARY SCHOOL

Madron Road, Penzance, TR20 8UH
Telephone: 01736 363627
head@pensans.cornwall.sch.uk
www.pensansprimary.co.uk
Headteacher: Ms A Clay BA (Hons) QTS



Care for Pupils with Medical Conditions

Dear Parent,

Pensans Community Primary School and Nursery takes responsibility to pupils with medical conditions very seriously. The school/nursery has an established medicine policy based on the guidelines determined by the Health Community.

It is in the interests of your child that we work together to ensure your child's medical condition is managed as well as is possible. With good management your child should rarely suffer any reactions and should be able to participate in full and active school life free from fear or worry. However, in order to be able to offer total support to every child with a medical condition we need full details of his/her treatment plan and to be advised of any changes.

In the event of your child requiring medication, this will normally be the medicine prescribed by their doctor. You will need to provide the school/nursery with the medicine and complete a medicine form.

In any emergency the school/nursery will contact you via the emergency contacts you have provided and the emergency services if required.

If you have any queries or concerns regarding the school's medicine policy please contact the school and make arrangements to come in and discuss your concerns.

Yours sincerely

Angela Clay
Headteacher



PENSANS COMMUNITY PRIMARY SCHOOL/NURSERY MEDICAL CONDITION CARE PLAN

NAME OF CHILD..... D.O.B.....

ADDRESS

TELEPHONE: a..... b.....

GP'S NAME..... TEL.....

DESCRIPTION OF

TREATMENT.....

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I understand to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

a) My child is able to take responsibility for the self-administration of his/her medication.

b) My child is not able to self-administer his/her medication and will require assistance.

(Please delete a or b as applicable)

Signed..... PRINT NAME.....

Date.....

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