



# Sherburn High School

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Dear Parent/Carer

New guidelines have been issued by the government regarding the administration of medicines to pupils.

Under the guidelines schools are advised not to accept any medicines brought into school by pupils, but to only accept medicines from parents/carers. However, it is recognised that in some cases it may be difficult for the parent/carer to bring the medicines directly into school and in these cases the parent/carer must ring the school for alternative arrangements to be made.

Any prescribed medicines a parent/carer wishes the school to give, must be in the original packaging with the child's name, the dosage required and when it should be taken. Any other medicines should also be in the original packaging and clearly labelled with the child's name and form. All medicines must be accompanied by a written letter describing what the medicine is and giving permission for it to be administered as a particular time and what the dosage should be.

Any medication which needs to be taken 3 times a day, eg antibiotics must, if at all possible, be administered out of school hours.

Where medicines are to be administered, a detailed record will be kept in the school office of which medicines have been taken, when they have been taken and the dosage. Medicines exempt from these regulations include inhalers and diabetic medications.

**Please return the slip below to the school office of your child's Form Tutor as soon as possible** indicating that you have received and understood this letter and whether or not you agree to the school giving your child paracetamol in an emergency situation. We will, however, continue to ring parents/carers for permission to administer paracetamol in an emergency situation as we have always done, but written permission is now mandatory.

Please remember to contact the school should there be any changes to your child's health that affect them while in school.

Yours sincerely

Headteacher.

I do/do not give consent for the first aider to give paracetamol/ibuprofen to my child in an emergency.

Name of pupil..... Form.....

I confirm I have read and understood this letter.

Parent name..... Date.....

