

# CALTHWAITE CHURCH OF ENGLAND SCHOOL



Calthwaite  
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Cumbria  
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Dear Parents and Carers,

The Governors and staff of Calthwaite Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

## **Prescribed medication:**

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day. Please note that parents should keep their children at home if acutely unwell or infectious. Parents are responsible for providing the Headteacher with comprehensive information regarding the pupil's condition and medication. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent (prescribed medication permission forms are available in the main office) If the medication is likely to be needed long term, then a care plan will be drawn up with the pupil's teacher.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet or locked fridge.

## **Calpol, Medicinal Paracetamol, Oral Suspensions:**

Occasionally it may be necessary to administer paracetamol (Calpol) to pupils suffering acute pain from things like migraine, toothache etc. Parents must give written consent prior using a 'Request for school to administer paracetamol' form (see below) before paracetamol can be given which we will keep on file. We will get in touch prior to administering it so you are aware of the situation. We wouldn't administer prior to lunchtime (unless given permission) for fear of 'double-dosing.'

Thank you for support

Mr J Harvey

## **REQUEST FOR SCHOOL TO ADMINISTER PARACETAMOL**

The school will only give your child medicine if you complete and sign this form.

Name of Child/ Children: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

I give permission for the staff of Calthwaite Primary School to administer a paracetamol solution to my child.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

