



**ST JOSEPH'S PREPARATORY SCHOOL**  
Part of the Edmund Rice Family

Dear Parent,

**Re: Medication Protocol / Calpol Consent**

The Code of Practice on Managing Medicine within school was updated in April 2014; school is aware that General Practitioners are advised to prescribe medication so that it does not have to come into school unless absolutely necessary.

It is the Parents / Carers responsibility to inform the school if medication is required.

Parents / Carers need to come into school to sign the necessary documentation.

The School is only able to administer prescription medicines that have been prescribed from the G.P. or Hospital Consultant.

(Please note that Staff are under no obligation to administer prescribed medication).

The pupil's medication should be clearly labelled with the Pharmacist's instructions and Patients Name etc. Please note that all asthma inhalers should be fully labelled both on the packaging and on the actual inhaler and spacer (if applicable). Any prescribed medicines should be taken to the school office.

**Under no circumstances must your child be carrying any medication in their own school bag.**

All medicines will be stored safely and securely according to the school's policy and will need to be collected at the end of the school day, once again from the school office or Joe's Club.

Please be aware that medication forms are not available to download from the school website; this means that consent forms need to be signed via the school office.

**Administration of Calpol:**

Under new school policy the school is now able to give a child 'Calpol' should your child have a raised temperature of 38C (100.4F) or above.

Should you wish to give consent for us to administer Calpol, then please fill in the consent form attached and return to the school office as soon as possible.

**Please note that without your written consent, the school will not be able to administer any emergency pain relief should your child require it.**

**Please bear in mind that Calpol will not be given for any other ailment apart from a raised temperature of 38C (100.4F) or above.**

Yours sincerely

*S. D. Hutchinson*

**Mrs S D Hutchinson BEd**  
**Headteacher**



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**Administration of Calpol ONLY:**

**Full Name of Child:**

**Form:**

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- \*I/We give Parental consent for the school to administer 'Calpol' in My/Our absence during the school day or on a School Residential should \*My/Our Child have a raised temperature of 38C (100.4F) or above**

**\*delete as appropriate**

**Full Name of Parent(s):** (PLEASE PRINT)

**Signed:**

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**Date of Consent:**

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**PLEASE RETURN PROMPTLY TO THE SCHOOL OFFICE SHOULD YOU WISH TO CONSENT TO THE ADMINISTRATION OF CALPOL**