



St. Gabriel's C. E. Primary School

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Headteacher:
Mrs Belinda Haigh

Chair of Governors:
Mr Norman Reeve

Dear Parents,

Medical Conditions and the taking of Medication in School

Please complete the form overleaf and return it to school. It is essential that our records are kept up-to-date with this very important information.

Please note that short term medication should, wherever possible, be administered at home – as in the case of antibiotics. Where medication is required on a regular basis at school, full details must be supplied and the class teacher consulted.

All medication must be brought to school and handed directly to the class teacher or the school office. A Parental Authorisation Form must be completed in order for school to administer ANY medication to your child during school hours. A copy of this form can be obtained from the School Office. All medicines should be clearly labelled with your child's full name, details of dosage and times to be administered.

In the case of asthma inhalers, please ensure that the actual device has your child's full name on it and that it is always available in school and for trips off the premises.

Thank you for your co-operation.

Yours sincerely,

B. Haigh
Headteacher

St. Gabriel's school is a Church of England Primary School in the Diocese of Blackburn and the Borough of Blackburn with Darwen



Medical Conditions and the taking of Medication in School

Child's Full Name _____	Class _____
Emergency Contact: Name _____	
Telephone _____	
Doctor's Name _____	
Doctor's Address _____	Telephone _____

My child does not have any Medical Condition, Asthma or Allergies. If this applies to your child please tick this box, sign and date below and return to the School Office.	<input type="checkbox"/>
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Medical Condition/Asthma/Allergy (please give details) _____ _____	
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<u>Details of all medication to be taken in school</u>	
1.	Name and type of medication _____ Dose to be given and when _____ Is this medication to be taken regularly in school? Y/N Is this medication to be taken as relief treatment when needed i.e. for sudden chest tightness, wheezing, breathlessness? Y/N
2.	Name and type of medication _____ Dose to be given and when _____

Procedure for asthma sufferers:	
If no relief or symptoms reappear:	- Call Parent
If child's condition deteriorates:	- Dial 999 for an ambulance or take to nearest hospital - Call Parent

Please state how independent your child is in administering their medication. _____

Parent's Signature _____ Date _____