

Academic Year 2018 -2019



To: All Parents/Carers of King's Oak Academy

In line with the Academy's **Supporting Students with Medical Needs** Policy, we must have written confirmation from parents/carers if they wish King's Oak Academy to hold **any** medication on behalf of their child. **This includes painkillers ie. paracetamol, ibuprofen, or anti histamine, inhalers etc;** this must be labelled clearly with your child's name on it. Any prescribed medication from the doctor must be in the original package, with your child's name and dosage.

To: The School Office at King's Oak Academy

I confirm that I am happy for King's Oak Academy to hold the following medication for my child should they need it.

Student's Name: _____ Date: _____

Medication to be held in school:

_____ Dose: _____ Expiry Date: _____

_____ Dose: _____ Expiry Date: _____

_____ Dose: _____ Expiry Date: _____

Signed: _____ Parent/Carer

For students with diabetes or any serious medical condition:

The Academy has a signed up to date Health Care Plan for my child in place Yes/No*
[*please delete where applicable]

For students who suffer from asthma:

If my child does not have their inhaler with them, or a spare held with King's Oak Academy, I am happy for my child to use an emergency salbutamol inhaler which the academy is able to provide.

Signed: _____ Parent/Carer

Please note: If your child no longer requires the above medication, please let the Academy know in writing. We will need written confirmation of any additional medication which you would like held by King's Oak Academy on behalf of your child.