



## REDSTONE ACADEMY

FOUNDED 2004

Monday 6<sup>th</sup> March 2017

### INFORMATION UPDATE

Re: Supporting Pupils with Medical Conditions Periodic Update.

Dear Parent/Guardian

It is imperative that we are kept up to date about any medications/dietary requirements/healthcare plans that your child may have taken been introduced to recently. **This is a responsibility of the parent to inform us of any medication a child is taking.** Therefore we request that you inform us of ANY condition that your child may have that requires medication and also that their medication is brought into school. **The medication must be in the correct packaging and in date.** We will make note of expiry dates and inform you if medication has expired. Accompanied with the medication should be the attached letter giving us permission to administer the medication if necessary. The medication will be kept in the school office and used if and when needed.

We request that the attached form/s and medication be handed into the office before **WEDNESDAY 8<sup>th</sup> MARCH 2017** so that we may update our records.

If you have handed medication to us but have not yet completed the form then please do so as we are NOT allowed to administer medicine without permission from yourself.

We thank you for your support and hope you understand the seriousness of this issue. In the meantime please have a look at our Policy on 'Supporting Children with medical Conditions' which can be found on our website.

Saadat Rasool  
Head Teacher



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## Parental Agreement for Redstone Academy to administer medicine

Redstone Academy will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	<b>Redstone Educational Academy</b>
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

*NB: Medicines must be in the original container as dispensed by the pharmacy*

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mr N Francis

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Signature(s) .....

Date .....