

Our Ref: SA/Admin/Letters/SLT/HAR/WIL

Date: 1st February 2024



EST **RUSKIN** 1909
Community High School
Learning Together. Achieving High Standards

Dear Parent/Carer

I am writing to remind all parents and carers that students should not be bringing any medication to school themselves. If you would like your child to have medication in school, this must be kept in Student Services, and students can then access any medication when needed by visiting there. **This does include paracetamol and ibuprofen.**

If you would like your child to have access to any medication when they are in school, you must complete the medication form which is attached to this letter. Please then bring the form and the medication to the school and we can store it in Student Services. This must be brought in by parent/carers and not the student.

As I am sure you are aware, if any medication is taken by someone it is not intended for or if medication is misplaced within the school day, this can create a safeguarding concern for all students at the school.

All students will also be receiving a reminder that they should not have any medication on them when they are in school.

Thank you for your support.

Kind regards.

C Harrison

Mrs Harrison
Deputy Headteacher

Ruskin Community High School

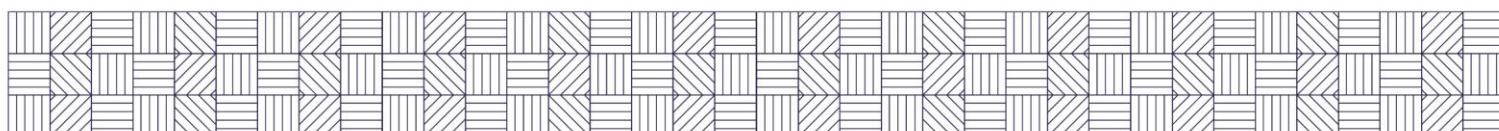
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REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION



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Student Name: _____

Date of Birth: _____ **Form:** _____

Medical condition/illness: _____

I request that my child be given the following medication while at school:

Name of Medicine: _____

Duration of Course: _____

Dose Prescribed: _____

Date Prescribed: _____

Time(s) to be given: _____

Expiry Date: _____

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in full. Over the counter medication (**Not Aspirin**) can be administered with written permission.

I accept that this is a service which the school is not obliged to undertake, and also agree to inform the school of any change in dosage immediately.

Name: _____
(Parent/Carer)

Address: _____

Signature: _____ **Date:** _____
(Parent/Carer)

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child and that the administration of the medicine is agreed by the Headteacher.
2. The agreement will have continuous authority until otherwise notified by the parent/carers.
3. The Governors and Headteacher reserve the right to withdraw this service.
4. Over the counter medication can be accepted by the school but must have this form completed.