

## **Halsford Park Primary School**

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## Individual Protocol for non-prescribed medication

This form should be completed in conjunction with the 'Parental consent to administer medication' form

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by Parent/Carer		Dosage given in school	Time	Comments
Day 1					
Day 2					
3 main side effe	ects of m	edication as	s detailed	on manu	facturer's instructions
or PIL					
1.		2.		3	

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I am aware that each day I must inform the school when I last administered the medication and that the school will notify me, by telephone, when medication has been administered.

Agreed by:	Parent/CarerD	ate
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