



CAMPBELL
COLLEGE

EST 1894

MEDICAL POLICY (Parent version – Day Pupils)

MEDICAL PROVISION FOR BOARDERS IS SIGNIFICANTLY HIGHER AND IS DETAILED FURTHER IN THE BOARDING HANDBOOK

Revised: June 2017
Next Revision: June 2019

MEDICAL CENTRE STAFF

| | |
|--|--|
| Matron | Mrs E Hoey |
| Assistant Matron | Mrs B Kennedy |
| College Medical Officers (Boarding) | Dr G Millar Dr D Best |
| Vice-Principal (i/c Medical Centre) | Mr C Oswald |

SECTION A Medical provision at Campbell College

SECTION B Pupils with medication needs

SECTION C Concussion Awareness

APPENDIX 1 Medical Information and consent for day pupils

APPENDIX 2 Request for a pupil to self-administer 'over the counter' medication

APPENDIX 3 Request for the Medical Centre to administer prescription medication

This policy is written in accordance with:

- DENI 'Supporting Pupils with Medication Needs', 2008.
- RQIA Provider guidance - Boarding
- Other DENI circulars and medical advice as necessary

AIMS OF THE POLICY

- To support pupils with medication needs
- To ensure the correct procedures are in place for handling medical issues
- To ensure medicines held by the College are held in line with DENI guidelines

1. OVERVIEW OF MEDICAL PROVISION

The College has a Medical Centre staffed by a full-time Matron who provides medical cover during the school day. She is supported by an Assistant Matron. For certain sports events and for Saturday morning games, the College can call on the support of a private medical company who provide first-aid cover.

2. MEDICAL COVER DURING THE SCHOOL DAY

Matron is on duty between **8:40 am and 4:15pm**. The exact time may vary depending on commitments. On occasions, when Matron has been called away, a Housemother may be contacted who is first aid trained.

AS MEDICAL COVER FOR DAY PUPILS IS NOT AVAILABLE BEYOND THE FORMAL SCHOOL DAY, IT IS THE RESPONSIBILITY OF PARENTS TO ENSURE PUPILS ARE COLLECTED AT THE CORRECT TIME AND NOT LEFT WAITING UNSUPERVISED FOR LONG PERIODS OF TIME

3. TREATMENT OF MINOR INJURIES / ILLNESS

Boys can attend the medical centre with minor ailments eg. sports injuries, muscle pains, headaches, head colds, sore throats, gastric upsets, etc. These ailments can be treated with over-the-counter medications such as:-

| | |
|-----------------------------------|----------------------------------|
| Paracetamol | Ibuprofen 200mg or 400mg tablets |
| Simple Linctus, Elixir | Merocets Lozenges |
| Imodium | Peptac Liquid |
| Piriton | Dioralyte Sachets |
| Loratadine 10mg (allergy tablets) | Cold Spray / Heat Spray |

4. MEDICAL DETAILS AND CONSENT FORM

A medical consent form is sent to parents when their son first enrolls at the College. It should be signed by parents to either agree or disagree to the school treating their son for minor ailments/injuries and using the medication described in this policy. If you do not wish your son to be treated, then you should contact Matron.

Parents should also furnish the College with relevant medical information regarding their son including


- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Name of family doctor/medical practice
- Special requirements (e.g. dietary)

IT IS ESSENTIAL THAT PARENTS/GUARDIANS INFORM MATRON OF ANY SIGNIFICANT MEDICAL CONCERNS OR CONDITIONS

[SEE APPENDIX 1]

5. TREATMENT / MEDICATION INFORMATION TO PARENTS

If a pupil has been given medication in the afternoon, and when specific information needs to go home to parents, Matron may give the pupil a note from the Medical Centre detailing the medication/treatment given.

|  CAMPBELL COLLEGE | | | |
|--|-------|------------|--|
| To: Parent / Guardian | | | |
| From: THE MATRON | | | |
| DATE: | TIME: | NAME: | |
| | | YEAR: | HOUSE: |
| REASON FOR VISIT | | | |
| <input type="checkbox"/> Head Injury <input type="checkbox"/> Injury <input type="checkbox"/> Feeling Ill <input type="checkbox"/> Other _____ | | | |
| DETAILS OF TREATMENT GIVEN | | | |
| | | | |
| DETAILS OF MEDICATION GIVEN | | | |
| NAME OF DRUG | DOSE | TIME GIVEN | CAUTION <small>It is recommended that this medication is not repeated for another FOUR hours.</small> |
| FOR A PUPIL WHO HAS TO BE SENT HOME / IMPORTANT INFORMATION TO BE RELAYED | | | |
| <input type="checkbox"/> Parent Contacted <input type="checkbox"/> Unable to contact - Message left TIME LEFT _____ | | | |
| Matron's Signature _____ | | | |
| IF ANY SYMPTOMS OF THE ILLNESS / INJURY PERSIST PLEASE SEEK ADDITIONAL MEDICAL ADVICE | | | |
| <small>IMPORTANT MEDICAL ADVICE IS PRINTED ON THE REVERSE OF THIS SLIP ADVICE REGARDING HEAD INJURY IS INCLUDED</small> | | | |
| PTO → | | | |

| VOMITING/DIARRHOEA | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------|-----------|--------------------------------------|---------------|--------------------------------------|---------|--------------------------------------|----------------------------|-------------------------------------|---------|--------------------------------------|------------------------------|------|---------|----------------------------------|----------|----------------------------------|---------------|---|
| If your son has been sent home with vomiting/diarrhoea, he should not return to school until he has had at least 48 hours symptom free. | | | | | | | | | | | | | | | | | | | | |
| HEAD INJURY ADVICE | | | | | | | | | | | | | | | | | | | | |
| Observe your son carefully and should your son suffer ANY drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, seek further medical advice urgently. | | | | | | | | | | | | | | | | | | | | |
| For any concussive injury we request that you take your son to a General Practitioner, or Accident and Emergency for expert medical assessment. This is a priority and should be undertaken without delay. | | | | | | | | | | | | | | | | | | | | |
| We would ask that our School Matron is informed of ANY instance of concussive injury, especially when these have occurred outside of school that we may not be aware of, so that the relevant games staff are informed (we ask for written confirmation if or when he is able to resume sporting activities). | | | | | | | | | | | | | | | | | | | | |
| INFECTION CONTROL | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">INFECTION NAME</th> <th style="width: 40%;">EXCLUSION PERIOD FROM SCHOOL</th> </tr> </thead> <tbody> <tr> <td>Measles**</td> <td>Four days from the onset of the rash</td> </tr> <tr> <td>Chicken Pox**</td> <td>Five days from the onset of the rash</td> </tr> <tr> <td>Mumps**</td> <td>Five days from the onset of swelling</td> </tr> <tr> <td>German Measles (Rubella)**</td> <td>Six days from the onset of the rash</td> </tr> <tr> <td>Mumps**</td> <td>Five days from the onset of swelling</td> </tr> <tr> <td>Slapped Cheek (Parvovirus)**</td> <td>None</td> </tr> <tr> <td>Scabies</td> <td>Can return after first treatment</td> </tr> <tr> <td>Impetigo</td> <td>Can return after first treatment</td> </tr> <tr> <td>Scarlet Fever</td> <td>Can return 24 hours after commencing antibiotic treatment</td> </tr> </tbody> </table> | INFECTION NAME | EXCLUSION PERIOD FROM SCHOOL | Measles** | Four days from the onset of the rash | Chicken Pox** | Five days from the onset of the rash | Mumps** | Five days from the onset of swelling | German Measles (Rubella)** | Six days from the onset of the rash | Mumps** | Five days from the onset of swelling | Slapped Cheek (Parvovirus)** | None | Scabies | Can return after first treatment | Impetigo | Can return after first treatment | Scarlet Fever | Can return 24 hours after commencing antibiotic treatment |
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| Slapped Cheek (Parvovirus)** | None | | | | | | | | | | | | | | | | | | | |
| Scabies | Can return after first treatment | | | | | | | | | | | | | | | | | | | |
| Impetigo | Can return after first treatment | | | | | | | | | | | | | | | | | | | |
| Scarlet Fever | Can return 24 hours after commencing antibiotic treatment | | | | | | | | | | | | | | | | | | | |
| **Please inform the school of these conditions due to the serious risk to vulnerable children and pregnant women | | | | | | | | | | | | | | | | | | | | |

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CAMPBELL COLLEGE, BELMONT ROAD, BELFAST BT4 2ND
Tel: 028 9076 3076 Fax: 028 9076 1894

6. MEDICAL CONDITIONS / ALLERGIES

We would ask that parents inform us in writing of any medical conditions or allergies that could affect their son or if their son has to take medication on a regular basis.

Matron may be contacted directly for advice as to the best way to manage a condition within school. Matron should be informed of any injury resulting in concussion (or suspected concussion).

**IF ANY MEDICATION IS REQUIRED TO MANAGE A MEDICAL CONDITION OR ALLERGY
MATRON MUST BE INFORMED**

7. MEDICAL EMERGENCIES

In the event of a medical emergency the first priority will be to call an ambulance and then parents will be informed of the incident and what hospital their son is being taken to.

8. WHEN A PUPIL NEEDS TO BE SENT HOME

Pupils should NOT make their own arrangements to be collected. Matron will make the necessary medical assessment and if parents need to be contacted, she will do so and discuss the best collection point and collection time. She may also need to pass on important information.

It is the responsibility of the parents to make the necessary arrangements to collect their son from the College as soon as possible if Matron decides he needs to go home or be referred for further medical advice or treatment.

9. LIMITATIONS OF MEDICAL COVER

We are privileged at Campbell to have a full-time qualified school nurse ("Matron") during the school day. However, parents should be aware that the medical cover provided at the College cannot be a replacement for medical advice from a doctor, so we ask parents to contact their GP (or A&E) if any medical concerns exist or any symptoms persist or get worse.

Medical cover is provided by Matron from 8:40am to 4:15pm (approx) from Monday - Friday.

10. PARENTAL RESPONSIBILITY

Parents are responsible for making sure their son is well enough to attend school. A GP is the person best able to advise whether a pupil is fit to be in school and it is for parents to seek and obtain such advice if deemed necessary. Parents must inform the College of any medical issues and ensure that the College knows of any medication he needs to carry, or have administered.

IF YOUR SON CARRIES AN INHALER (Asthma) OR EPIPEN (Anaphylaxis), AN UP-TO-DATE SPARE MUST BE LEFT WITH MATRON

11. INFECTIOUS DISEASES

If a pupil has been sent home with vomiting/diarrhoea, he should not return to school until he has had at least 48 hours symptom free.

Exclusion periods for infectious diseases should be observed as follows:

| INFECTION NAME | EXCLUSION PERIOD FROM SCHOOL |
|------------------------------|---|
| Measles** | Four days from the onset of the rash |
| Chicken Pox** | Five days from the onset of the rash |
| Mumps** | Five days from the onset of swelling |
| German Measles (Rubella)** | Six days from the onset of the rash |
| Slapped Cheek (Parvovirus)** | None |
| Scabies | Can return after first treatment |
| Impetigo | Can return after first treatment |
| Scarlet Fever | Can return 24 hours after commencing antibiotic treatment |

**** Please inform the school of these conditions due to the serious risk to vulnerable children and pregnant women**

12. **EMERGENCY SALBUTAMOL INHALER**

An emergency inhaler is kept in the Medical Centre. The College may use an 'emergency salbutamol inhaler' if necessary and parents will be informed if this has been used.

13. **HEALTH ADVICE**

Health Education and the promotion of healthy lifestyles are felt to be an important part of the work of the Medical Centre.

Posters, pamphlets and other teaching aids are available and Matron is happy to talk to pupils on any aspect of health.

Advice about sexual health, quitting smoking, nutrition, drug and alcohol misuse, skin care/sun care, and many other topics is available. Advice will be given in confidence except when the welfare or safety of a pupil is of concern, whereby the Vice-Principal (Designated Teacher) will be informed.

14. **EDUCATIONAL VISITS / TRIPS**

Medical problems and dietary requirements for all pupils and adults must be notified on the appropriate forms.

College staff are not contractually required to administer medicines to pupils: this is a voluntary role. The College may consider certain medical needs to be beyond the reasonable care that staff can provide.

[DENI guidance document 'Supporting Pupils with Medication Needs', 2008]

Parents must give written permission for the administration of medication. This permission must be with the Group Leader at all times. Parents are required to authorise, in writing, the leader in charge to sign on their behalf consent required for the purposes of medical and surgical procedures for situations where the delay in obtaining the parent's signature might endanger their son's health or safety.

[See Policy on Educational Visits]

15. **CONFIDENTIALITY STATEMENT**

The confidentiality and rights of pupils as patients are appropriately respected. This includes the right of a pupil deemed to competent* to give or withhold consent for his/her own treatment.

*Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.

16. **REFUSAL TO TAKE MEDICATION**

A pupil refusing to take medication, will not be made to do so.

If the administration has been agreed between the College and the parent, then the parent will be informed that that their son has refused to take their medication, and it will be the parents responsibility to take any action deemed necessary.

SECTION B

Medication in School

1. PUPILS WHO NEED TO TAKE MEDICATION IN SCHOOL

These can be grouped into three categories:

- Pupils requiring short-term prescribed medication for acute conditions
- Pupils with a long term condition requiring regular medication
 - e.g. asthma, ADHD medication
- Pupils who require medication to be given in an emergency
 - Where a pupil has not previously been known to have a medical condition (so the emergency is 'out of the blue')
 - Where a pupil has a known medical condition and the Medication/Action Plan and experiences a medical emergency. This would be pupils who require the use of an adrenaline injection (EPIPEN) or an emergency salbutamol inhaler.

2. ADMINISTRATION OF MEDICINES : INDEMNITY POLICY

- **College staff are not contractually required to administer medication to pupils, although some staff are employed on contracts, which require them to carry out certain medical procedures.**
- If a member of staff administers medication to a pupils, or undertakes a medical procedure to support a pupil and as a result, expenses, liability, loss, claim or proceedings arise, the employer (Campbell College) will indemnify the member of staff provided the following conditions apply:
 - The member of staff is a direct employee and the medication is administered in the course of their employment.
 - The member of staff follows:
 - The procedures set out in the DENI guidance document 'Supporting Pupils with Medication Needs', 2008
 - The College Policy
 - The procedures outlined in a pupil's Medication/Action Plan, if one is in place.

3. SELF-MEDICATION ('Over the counter' medication only)

Some pupils may have conditions which are controlled by medication they can self-administer (which could include the use of 'over-the-counter household medicines').

PARENTS SHOULD INFORM MATRON BEFORE ANY MEDICATION CAN BE BROUGHT INTO SCHOOL.

- **In the case of over the counter medication, which can be self-administered, only small or single safe doses should be carried.**

[SEE APPENDIX 2 – Request for a pupil to carry and self-administer medication]

4. MANAGING PRESCRIPTION MEDICINES

IN THE CASE OF PRESCRIPTION MEDICATION, PERMISSION MUST BE SOUGHT FROM MATRON AND IDEALLY THE MEDICATION LEFT IN THE MEDICAL CENTRE.

IF A PUPIL IS ALLOWED TO SELF-ADMINISTER MEDICATION, ONLY A SAFE AND SINGLE DOSE MAY BE CARRIED

[SEE APPENDIX 3 – Agreement or the Medical Centre to administer medication]

(1) Medication will only be accepted by the College if:

- It is delivered in a secure and labelled container as originally dispensed
- **It is accompanied with written and signed instructions from a parent**
- It is clearly labelled with the following information:
 - Pupil's Name
 - Name of medication
 - Dosage
 - Frequency of administration
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date

(2) The College will not accept medication in unlabelled containers

(3) Parents must collect and dispose of unused medication [Matron will do this for boarders]

5. RESPONSIBILITIES OF PARENTS

The administration of medicine is the responsibility of parents. The dosage of many medicines can be arranged to permit medicine to be taken before or after school – not during school – wherever possible. However, where this is not possible, pupils may be able to self-administer medication. If this is a difficulty then an appropriate compromise with the parents and the doctor can be explored.

Parents are responsible for:

- Providing the College with comprehensive information regarding the pupil's condition and medication;
- Making the College aware that the pupil requires medication;
- Reaching an agreement with the College that the pupil requires medication, and the possibility of the College helping with the medication;
 - Contact should be made with the Tutor / HoY, who will inform Matron
 - Matron should be contacted to discuss the medical needs **before** an agreement is reached.
- Providing Matron with **written** notification of:
 - The medical condition requiring treatment
 - The medication and the dose to be administered (See APPENDIX 2/3)
- Providing sufficient medication and ensuring it is correctly labelled
- Disposing of unused medication
- Giving written permission for the pupil to carry medication
- Informing the College if the pupil's need to take medication has ceased
- To renew the medication when supplies are running low and to ensure that the medication is supplied and maintained within its expiry date

1. **LETTER TO PARENTS EXPLAINING PROCEDURES AT CCB****CONCUSSION AWARENESS – WHO NEEDS TO KNOW?**

The Department of Education has requested that all schools should write to parents/guardians to highlight the need for you to keep all organisations informed if your son receives a concussion injury.

Concussion is a brain injury which is usually caused by hitting the head, a fall or a whiplash type injury. It can happen at any time, anywhere: for example during sports, in the school playground, or at home.

Concussion must always be taken seriously and it is vitally important that any child/young person suspected of having concussion should **immediately** be stopped from continuing whatever activity they are doing and be assessed by a medical professional for diagnosis and guidance.

A second injury when a young person has concussion can be extremely serious and may even be fatal. It is vitally important therefore that medical clearance is sought before your son returns to school/play. Children should not resume physical activities such as Physical Education (PE), sports or games until permitted to do so by a medical professional.

Concussion may also affect your son's ability to learn at school. This must be considered and medical clearance should be sought before he returns to school. As symptoms vary from child to child, a graduated return to school programme may be needed.

If your son suffers a concussion in school or outside school, it is vitally important that you keep all people/organisations with responsibility for caring for your son informed so that they are aware of the potential dangers and any restrictions that may apply to the activities he is permitted to do.

The '**Recognise and Remove**' leaflet produced by the Department of Education provides guidance on Concussion and the signs to look out for. This is available on the Department of Education's website <http://www.deni.gov.uk> and also our website www.campbellcollege.co.uk (follow the link: About Us – Policies)

Procedures at Campbell College:

- **For any concussive injury we request that you take your son to a medical professional, or Accident and Emergency for expert medical assessment. This is a priority and should be undertaken without delay.**
- We request that parents furnish the College with a written note that their son has had an 'all clear' from a medical professional, before he resumes normal sporting activity.
- The College operates a graduated return to play procedure.
- **We would ask that Matron is informed of any instance of concussive injury, especially when these have occurred outside of school that we may not be aware of, so that the relevant games staff are informed (once again we ask for written confirmation if or when he is able to resume sporting activities).**



2. GUIDANCE FOR PARENTS

If their son has received a potential or actual concussive injury, parents should observe their son carefully and should he suffer ANY drowsiness, vomiting, visual disturbance, severe headache or complain of feeling generally unwell following this injury, the medical advice should be sought urgently.

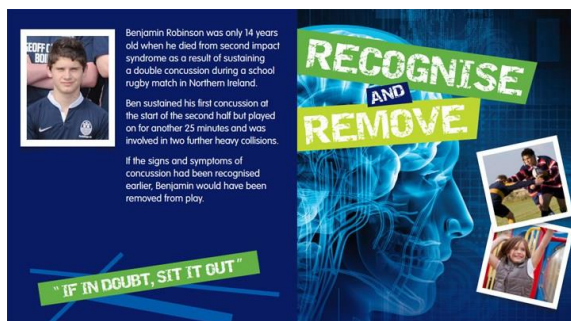
For any concussive injury we request that parents take their son to a qualified medical professional (or A&E) for expert medical assessment. This is a priority and should be undertaken without delay.

We would ask that Matron is informed of ANY instance of concussive injury, especially when these have occurred outside of school that we may not be aware of, so that the relevant games staff are informed (we ask for written confirmation if or when he is able to resume sporting activities).

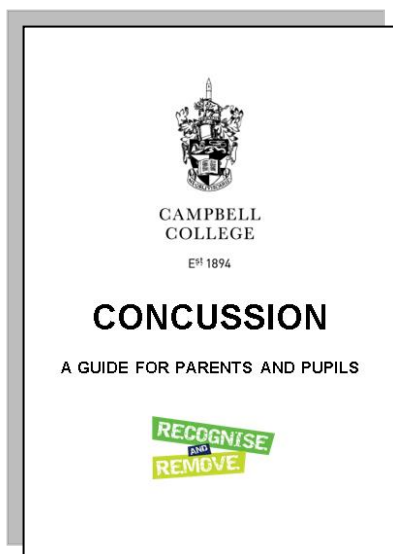
**MATRON SHOULD BE INFORMED OF ANY ACTUAL OR SUSPECTED CONCUSSIVE INJURY
EVEN IF THIS OCCURS OUTSIDE SCHOOL**

The Recognise and Remove leaflet published by the Department Of Education provides very useful advice.

It is available at <http://www.deni.gov.uk> and on the College website www.campbellcollege.co.uk



The College has also produced a guide booklet for Parents, which is available on the College website, www.campbellcollege.co.uk



3. GUIDANCE FOR PUPILS

The following advice is offered to all pupils:

If you have hit your head or you think someone else may have suffered a concussion:

- **STOP PLAYING** or whatever you are doing
- **REPORT IT** to a teacher, parent, coach, referee or umpire **IMMEDIATELY**
- **BE HONEST** about how you are feeling and what you have seen

If you hit your head before a match, you must let the coach know.

If you are playing or training and you hit your head, don't return to the game until a medical professional has assessed you.

If you are told to stay away from sport or training for a period of time, make sure you follow the instructions.

IF IN DOUBT...SIT IT OUT

APPENDICES

THIS FORM WILL BE ISSUED WHEN A PUPIL STARTS THE COLLEGE, BUT MAY BE REQUESTED FROM FRONT OF HOUSE OR THE MEDICAL CENTRE SHOULD A PARENT WISH TO COMPLETE A NEW FORM.

THE FORM IS TO BE RETURNED TO MATRON DIRECTLY.

PLEASE NOTE:

Relevant medical information may have to be shared with members of staff in order to protect your son in all situations.

The medical cover at the College is not a substitute for professional medical advice from a doctor. If any symptoms persist or get worse please see your GP or an A&E department.

| | | |
|------------|---|--|
| 1. | SURNAME: _____ | FORENAMES: _____ |
| 2. | DATE OF BIRTH: _____ | YEAR: _____ |
| | | HOUSE: _____ |
| 3. | Has he any history of headaches or migraine? If Yes , what medication is used to relieve the symptoms? _____ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Is your child taking any medication on a regular basis? If Yes , please give details. _____ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | Is his eyesight normal? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6A. | Does he suffer, or has he ever suffered, from seizures (fits) or epilepsy in any form? If Yes , please give details: _____ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6B. | Does he suffer from diabetes? If Yes , please give details: _____ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. | Has he suffered from deafness, ear infection or aural discharge? If Yes , what is his present condition? _____ _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please turn over

| | | | | | | | | | | | |
|-----------------------------------|---|-------------|----------------------------------|------------------------|-------------------|---------|---------------|---------|-------------------|-----------------------------------|-------------------------|
| 8. | Please give details of any allergic complaints , eg. hayfever, eczema, or nut allergies, and any medication required or carried. <hr/> <hr/> | | | | | | | | | | |
| 9. | Does he suffer from Attention Deficit Hyperactivity Disorder in any form? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , what medication is used to relieve the symptoms? <hr/> | | | | | | | | | | |
| 10. | Does he suffer from asthma ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , which inhalers does he use? <hr/> Do you give consent to the use of an emergency inhaler if required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 11. | Has your son ever suffered from any form of mental health issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please contact Mr Oswald, Vice-Principal (Pastoral). This information is held confidentially. | | | | | | | | | | |
| 12. | Please give details of any previous serious illnesses or operations we need to know about. <hr/> <hr/> | | | | | | | | | | |
| 13. | <p>Pupils can attend the Medical centre with minor ailments, e.g. sports injuries, muscle pains, headaches, headcolds, sore throats and gastric upsets. These ailments can be treated with over-the-counter medications such as:-</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Paracetamol</td> <td style="width: 50%;">Ibuprofen 200mg or 400mg tablets</td> </tr> <tr> <td>Simple Linctus, Elixir</td> <td>Merocets Lozenges</td> </tr> <tr> <td>Imodium</td> <td>Peptac Liquid</td> </tr> <tr> <td>Piriton</td> <td>Dioralyte Sachets</td> </tr> <tr> <td>Loratadine 10mg (allergy tablets)</td> <td>Cold Spray / Heat Spray</td> </tr> </table> <p>In addition, I would ask for consent to your son being treated for minor injuries which may occur during games or in school. In the case of more serious accidents the ambulance would be called and parents informed immediately.</p> <p>PLEASE COMPLETE BELOW AS APPROPRIATE:</p> <p>I AGREE / DO NOT AGREE to my son being treated by the College Medical Centre for minor ailments/injuries.</p> <p>Signed: _____ Date: _____ (Parent/Guardian)</p> | Paracetamol | Ibuprofen 200mg or 400mg tablets | Simple Linctus, Elixir | Merocets Lozenges | Imodium | Peptac Liquid | Piriton | Dioralyte Sachets | Loratadine 10mg (allergy tablets) | Cold Spray / Heat Spray |
| Paracetamol | Ibuprofen 200mg or 400mg tablets | | | | | | | | | | |
| Simple Linctus, Elixir | Merocets Lozenges | | | | | | | | | | |
| Imodium | Peptac Liquid | | | | | | | | | | |
| Piriton | Dioralyte Sachets | | | | | | | | | | |
| Loratadine 10mg (allergy tablets) | Cold Spray / Heat Spray | | | | | | | | | | |

APPENDIX 2

REQUEST FOR A PUPIL TO CARRY HIS MEDICATION

- This form is for **DAY PUPILS** and **BOARDERS OVER 16 ONLY**
- This form must be completed by parents / guardians.

| | | |
|---|-------------|--------------|
| Name of Pupil SURNAME: _____ FORENAME(S): _____ | | |
| DATE OF BIRTH: _____ <small>[Day / Month / Year]</small> | FORM: _____ | HOUSE: _____ |
| PUPIL'S HOME ADDRESS: _____ _____ | | |
| CONDITION or ILLNESS: _____ _____ | | |

- **MEDICATION**
Parents must ensure that in date properly labeled medication is supplied.

| |
|--|
| NAME OF MEDICATION: _____ |
| PROCEDURES TO BE TAKEN IN AN EMERGENCY: _____ _____ |

CONTACT INFORMATION

| FAMILY CONTACT 1 | FAMILY CONTACT 2 |
|------------------------------|------------------------------|
| NAME: _____ | NAME: _____ |
| Phone No: [Work] _____ | Phone No: [Work] _____ |
| [Home] _____ | [Home] _____ |
| Mobile No: _____ | Mobile No: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |

Signed: _____
Relationship to Child _____ Date: _____

Agreement of Headmaster/Vice-Principal:

I agree that _____ (name of child) will be allowed to carry and self-administer his medication whilst in school and that this arrangement will continue until _____
(either end date of course of medication or until instructed by parents).

Signed: _____ Date: _____
Headmaster / Vice-Principal (Pastoral)

| | | |
|--|-------------|--------------|
| Name of Pupil | | |
| SURNAME: _____ FORENAME(S): _____ | | |
| DATE OF BIRTH: _____ [Day / Month / Year] | FORM: _____ | HOUSE: _____ |
| MEDICAL CARD NUMBER: _____ | | |
| MEDICAL CONDITION / ILLNESS: _____ _____ | | |

MEDICINE

| | |
|--|--|
| Name / Type of Medicine (as described on the container): | |
| Date Dispensed: | |
| Expiry Date: | |
| Agreed review date to be initiated by (Name of member of staff): | |
| Dosage and Method: | |
| Timing: | |
| Special Precautions: | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-Administration: | Yes <input type="checkbox"/> / No <input type="checkbox"/> [Please tick as appropriate] Only Boarders 16 and over |
| Procedures to take in an Emergency: | |

CONTACT INFORMATION

| FAMILY CONTACT 1 | FAMILY CONTACT 2 |
|-------------------------------------|-------------------------------------|
| NAME: _____ | NAME: _____ |
| Relationship to Pupil: _____ | Relationship to Pupil: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Phone No: [Work] _____ | Phone No: [Work] _____ |
| [Home] _____ | [Home] _____ |
| Mobile No: _____ | Mobile No: _____ |

- I understand that my son must attend the **Medical Centre** at the agreed time. He will then administer his medication within appropriate privacy and with appropriate supervision.

| | |
|---|--------------------|
| Signed: _____ [Parent/Guardian] | Date: _____ |
| Relationship to Pupil: _____ | |

LIMITATIONS OF MEDICAL COVER

Parents and guardians should be aware that the medical cover provided at the College cannot be a replacement for medical advice from a doctor, so we ask parents to visit their GP (or A&E) if any medical concerns exist or any symptoms persist or get worse.

KEEPING MEDICAL INFORMATION CURRENT

Parents and guardians should keep the College fully informed of any significant medical events.

POLICY REVIEW

This policy is monitored and evaluated by the Medical Centre staff, the College Medical Officers and the College Leadership Team. It is updated annually in the light of experience, external guidance and the changing needs of the school.

However, the College may revise the policy at any time it considers necessary. The latest version will be available by contacting the College.