



Shacklewell Primary School
Shacklewell Row, London E8 2EA
Telephone: 0207-2541415

SWoffice@newwavefederation.co.uk
Executive Headteacher: Mrs Michelle Thomas
Headteacher: Ms Nicole Reid

Wednesday 7th September 2016

Dear Parents and Carers,

RE: Medication and Allergies

At the start of every academic year, Shacklewell Primary School updates all records of medical needs and allergies. If your child previously had medication stored in school, it should have been sent home with them at the end of the year. If your child has a medical condition or allergies, you will need to ensure that the school has the correct information and medication for this academic year.

Whether your child continues to require medication stored in school, continues to have allergies or has a new medical condition/allergies that we are not yet aware of, please complete the reverse side of this letter and detail your child's medical needs and/or allergies. Please ensure that the form;

- Is completed in as much detail as possible
- Is signed and dated
- Is returned to the school office

Some pupils may require individual Health Care Plans or need these updating. You will be contacted separately if your child needs one of these.

If you seek further assistance you may wish to speak to the School Nurse Kenny Crawford;
kenneth.crawford@nhs.net who is based at Somerford Grove Health Centre N16 7UA.

Alternatively you may wish to book an appointment with myself. You can do this via the main office.

Thank you in advance for your cooperation.

Yours sincerely

Ms Alexandra Webb
Inclusion Leader

Shacklewell Primary School

INDIVIDUAL MEDICAL INFORMATION

Details of Pupil

Name.....

Forename.....

Gender..... DOB..... Class.....

Medical condition and/or allergy.....

Medication (please complete if your child requires medication to manage their medical need or allergy)

Name of Medication (as described on the container).....

For how long has your child already been taking this medication.....

For how much longer will your child take this medication.....

Amount of medication brought into school.....

Form of medication e.g. liquid/tablet/inhaler/epi-pen.....

Dosage as described on prescription label.....

Possible Side Effects.....

Contact Details

Parent/Carer name.....

Relationship to pupil.....

I give permission for my child to administer the medication themselves/ I give permission for a school staff member to administer the medication as stated on this form/I will be coming into school to administer the medication (delete as appropriate).

I accept that this is a service that the school is not obliged to undertake.

Name..... Date.....

Signature.....

The school will not give your child medicine or allow them to administer their own medication unless you complete, sign and date this form. It is your responsibility to ensure that the school