



October 2018

Dear Parent/Carer

Your child may be required to take medication during their time at Phoenix House. We have strict policies and procedures at Oak Lodge and Phoenix House that covers medication brought on site and any medical treatment your child may require. To ensure these procedures are adhered to we ask parents and carers to support the staff to follow our rules regarding medication. The main requirements are as follows:

- **All medication should be handed to your child's escort or driver to pass on to the school reception on arrival.**
- **If your child travels independently, please contact the school prior to their arrival to inform a member of staff of the specific medication they will be arriving with.**
- **Please ensure that all prescribed medication arrives in its original packaging and with a pharmacy label clearly stating the name of the medication, the dosage, and the name of the student. If your child is required to take medication at specific times, please ask your GP to ensure that this is also on the prescription label. *Please do not dispense medication into a separate pot or send in a strip of unidentified tablets. If medication is brought into school in this way, or is received without a prescription label, we will be unable to administer and in some circumstances may have to send your child home.***

Due to government legislation, we are unable to administer painkillers and household remedies to your child and do not keep any such items "in stock". This includes Paracetamol, Ibuprofen, Lemsip and Calpol. Students who require medication of this kind:

- **Must have the medication prescribed by their doctor**
- **Must bring the medication into school in the original packaging.**
- **Must contain pharmacy label including your child's name, dose and date of dispense.**
- **Each student taking must have an individual care plan created by the school nurse.**

All staff in Phoenix House and a core group of school staff are qualified in first aid, however we require your permission for your child to receive first aid, medical treatment or hospital treatment in the event of an emergency. We would only take this course of action without your knowledge if we are unable to contact you in an emergency.

Please complete the attached form and return by xx/xx/xx to allow us to meet the needs of your child during their time at Phoenix House.

Yours faithfully

Rachel Rust  
Head of Care



## Parental Agreement – Phoenix House

|                 |  |               |   |   |
|-----------------|--|---------------|---|---|
| Name of student |  | Date of birth | / | / |
|-----------------|--|---------------|---|---|

### Prescribed Medication Details

|  |     |  |  |  |
|--|-----|--|--|--|
| <b>1</b>   |     |  |  |  |
| Name of Medicine   |     |  |  |  |
| Strength of Medicine                                       |     |  |  |  |
| Dosage – <i>how much to give</i>                           |     |  |  |  |
| Frequency – <i>time of day (record all times required)</i> |     |  |  |  |
| Expiry Date of Medicine                                    | / / |  |  |  |
| Amount of Medication Provided                              |     |  |  |  |
| Other Information/Instructions                             |     |  |  |  |

|  |     |  |  |  |
|--|-----|--|--|--|
| <b>2</b>   |     |  |  |  |
| Name of Medicine   |     |  |  |  |
| Strength of Medicine                                       |     |  |  |  |
| Dosage – <i>how much to give</i>                           |     |  |  |  |
| Frequency – <i>time of day (record all times required)</i> |     |  |  |  |
| Expiry Date of Medicine                                    | / / |  |  |  |
| Amount of Medication Provided                              |     |  |  |  |
| Other Information/Instructions                             |     |  |  |  |

|  |     |  |  |  |
|--|-----|--|--|--|
| <b>3</b>   |     |  |  |  |
| Name of Medicine   |     |  |  |  |
| Strength of Medicine                                       |     |  |  |  |
| Dosage – <i>how much to give</i>                           |     |  |  |  |
| Frequency – <i>time of day (record all times required)</i> |     |  |  |  |
| Expiry Date of Medicine                                    | / / |  |  |  |
| Amount of Medication Provided                              |     |  |  |  |
| Other Information/Instructions                             |     |  |  |  |



### IMPORTANT NOTE

All medicines must be sent to school in their original container as dispensed by the pharmacy. They must also be labelled clearly with the original pharmacy label.



## Permissions

|   | Yes | No |
|---|-----|----|
| <b>Administer Medication</b>              |     |    |
| <b>Administer First Aid</b>               |     |    |
| <b>Seek Medical or Hospital Treatment</b> |     |    |
| <b>Administer Sun/After Sun Lotion</b>    |     |    |

## Agreement

I have read and understood the information regarding the safety and well-being of my child and agree to adhere to the procedures regarding medication detailed in the main body of this document.

I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff at Phoenix House Residential Services to administer medicine in accordance with the Phoenix House Policy. I give my consent for Phoenix House staff members to provide additional care for my child, as listed in the 'Permissions' section. I will inform Phoenix House immediately in writing if there is a change in dosage or frequency of the medication or if the medicine is stopped.

**Parent/Carer signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

Date        /        /