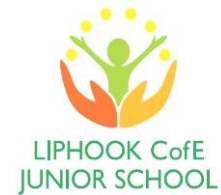




The Federation of Liphook Infant School  
and Liphook CofE Junior School  
Avenue Close • Liphook • Hampshire • GU30 7QE



Executive Head Teacher  
Mrs Michele Frost

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Date as Postmark

Dear Parents/Carers

### Medicines in School – Emergency Medicines – Homely Remedies

Our school policy for Supporting Pupils with Medical Needs has recently been reviewed and updated in line with the latest guidance from the Department for Education and Department of Health.

Part of that review included the addition of the use of **Emergency Inhalers and Homely Remedies**. I would be grateful if you would familiarise yourself with the following particular areas of the policy:

#### Medicines in School

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. We have been advised that unless prescribed medicines are to be taken four-times daily, there is no need for these to be administered in school hours.

#### Medicines held on site:

NON-PRESCRIBED REMEDIES	ADMINSTERED FOR
Liquid Paracetamol (age appropriate: eg Calpol 2+months or SixPlus)	Raised temperature, ear ache etc, but not needing to go home
Antihistamine Cream	Insect bites and stings
Piriton Syrup	Known hay fever/allergy

#### Homely Remedies

We do not administer non-prescribed medicines brought from home. The School maintains a stock of the following non-prescribed medicines. Every parent will be given the opportunity to sign a consent form, giving permission for the medications listed to be administered as required.

Keeping homely remedies on site ensures the school can keep track of expiry dates and ensure equality for all; no child shall be at a disadvantage if their parent is unable to come into school to administer medication as parents can consent to the school taking on this role.

Obviously, we wouldn't keep your child in school unnecessarily if they were very poorly and we'd contact you if needed. If we did give them any paracetamol during school time, we'd let you know about this (via a text message or telephone).

With paracetamol, there needs to be a minimum of 4 hours in between doses, hence if we needed to give them any paracetamol within 4 hours of when they first arrived at school, we'd contact you to ask if they'd already had any paracetamol that morning (including paracetamol contained in any cough or cold treatments they'd had that morning).

We will periodically review the range of homely remedies kept in school. All medicines will be regularly checked (e.g. expiry dates) in line with guidance published. We will administer the homely remedies as per the directions on the packet as appropriate for your child's age.

Please note that these homely remedies are meant for when a child becomes unwell during the school day and enables us to relieve any pain the child might be in, without waiting for, or expecting parents to, come into school with liquid paracetamol etc.

**Salbutamol Asthma inhaler for emergency use:**

If your child has a prescribed inhaler, these will be kept in the class room. An emergency asthma inhaler and a spacer are stored in the School Office. Only those children who have been diagnosed with asthma and have been prescribed an inhaler will be offered the use of the emergency School inhaler in cases of lost, forgotten, empty or broken individual inhalers and where written consent has been previously received from parents.

**Consent Forms**

Attached to this letter is the consent form for the use of our homely remedies. If you would like your child to have access to these Homely Remedies during the school day, then please complete a form **for each child** and return it to school.

Yours sincerely



**Mrs Michele Frost**  
Executive Headteacher

**NON-PRESCRIBED REMEDIES ADMINISTRATION**

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

NON-PRESCRIBED REMEDIES	I DO give permission**	I do NOT give permission**
Liquid Paracetamol (age appropriate: eg Calpol 2+months or SixPlus)		
Antihistamine Cream		
Piriton Syrup		
Vaseline Original Pure Petroleum Jelly		

**\*\*please tick as appropriate**

Signature: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_