



Mission Statement:

The Sacred Heart is a Community committed to the education of its pupils in a Catholic Christian ethos, where each person is invited to serve God and others in faith, hope and love.

Aims:

To foster growth in Christian faith and values
To value, appreciate and enjoy learning
To encourage curiosity and creativity
To work for excellence
To aspire to high ideals
To give generous service to others

Protocol for the Administration of Medicines

- All Boarders to complete a Medical Information form when starting, and annually thereafter, or more frequently if medical condition changes (see Appendix 1)
- No non-prescription medicines will be administered until signed consent is received (see Appendix 2b)
- A list of non-prescription medicines has been agreed by a qualified medical practitioner for use and this can be viewed on application
- All medicines are stored securely
- Boarding House Mistress is responsible for maintaining and controlling stock of medicines
- A signed authorisation is required before a pupil can 'self-administer' medication (see Appendix 2c)
- If after initial provision of medicine the condition of the child does not improve a doctor will be consulted (see Appendix 3)

Appendices:

Appendix 1	Boarders Medical Information form
Appendix 2a	Parental permission for Administration of prescription medicines to Boarders
Appendix 2b	Parental permission for the Administration of non-prescription medicines to Boarders
Appendix 2c	Parental permission for Self-administration of medicines by Boarders
Appendix 3	Record of visit to the Doctor & of medicine / treatment prescribed
Appendix 4	Notification of Boarders absence from school

(Prepared February 2009 PW; Reviewed Oct 2010 SrD, Dec 2011 SrD; Jan 2013 SrD; Jan 2014; Feb 2015; April 2016 SrD; 09.2017 SrD

next review due: Summer 2018)

SACRED HEART SCHOOL
Boarding House Pupil Information

Pupil's Full Name:

Date of Birth:

	Father	Mother
Name:		
Address:		
	Post Code	Post Code
Tel No: Home		
Tel No: Work		
Times of Work		
Mobile phone no		
Emergency Contact		

Marital Status of Parents:	Position of child in the family: 1 st (B/G) 2 nd (B/G) 3 rd (B/G) 4 th (B/G)
Any Special Circumstances (adoption; parent abroad etc.....)	

1. Immunisations & Medical Tests (Please complete box as appropriate)

	Date		Date
Triple Vaccination (<i>Whooping cough; Tetanus, Diphtheria</i>)		MMK (<i>Measles, Mumps, Rubella</i>)	
Polio		BCG	
HIB (<i>Haemophilus influenza</i>)			
Eye Test		Hearing Test	

2. Childhood Diseases (Please complete box as appropriate)

Chicken Pox		Measles	
Whooping Cough		Rubella	
Mumps			

3. Recurrent Medical Problems (Please give full details where appropriate)

	Mild	Severe		Mild	Severe
Asthma			Epilepsy		
Chest Infections			Hay Fever		
Diabetes			Migraine		
Ear Infections			Throat Infections		
Eczema / Psoriasis			Travel Sickness		
Other (including any significant medical history eg broken bones / surgery etc)					

4. Medical Conditions that influence your child's learning

(If insufficient room please send details on a separate sheet & attach to this form)

Eye Problems <i>Wears Spectacles: Reading; All time; Dyslexia</i>		Hearing Problems <i>Wears Hearing Aid YES / NO</i>	
Speech / Language difficulties <i>ie. Dyslexia</i>		Co-ordination problems <i>ie Dyspraxia</i>	
Behaviour Problems <i>ie Attention Deficit Hyperactivity disorder</i>			

Any relevant physical or physiological problems disabilities
eg Traumas / Phobias / Bedwetting Stature (Excessively Large / small) Socially / emotionally stressed

Please turn over and complete reverse...../

5 Allergies to medication, food, colourings, and specifically seasonal allergies

(If insufficient room please send details on a separate sheet & attach to this form)

6. Medication *(Please include asthma inhalers)*

Regular <i>(Please give full details)</i>	Occasional <i>(Please give full details)</i>

7. Any other Parental concerns *ie Diet*

8. Administration of non-prescription medicines will be in line with School Policy and as agreed with a qualified Medical Practitioner. I **(Parent/ Guardian)** agree that my child may be administered the above, by a designated member of the Staff of the Sacred Heart School.

9. Hospital permission I **(Parent / Guardian)** agree that the Staff of the Sacred Heart School may, in the case of emergency, take my child to the Queen Elizabeth Hospital, Kings Lynn. I agree to meet the member of staff at the hospital if this is considered necessary.

10. First Aid I **(Parent / Guardian)** agree that my child can receive First Aid, when required, from designated staff.

11. Outings permission I **(Parent / Guardian)** give permission for my daughter to be taken out in the minibus

12. Necessary Information I **(Parent / Guardian)** agree to let the Boarding House Staff know of any particular home problems (sickness in the family; death of relations / pets; service deployment etc....) as soon as possible in writing

13. Flexi Boarding. I will collect my daughter every after school at I agree to inform the Boarding House in writing if I wish to take my daughter out of school for an occasional visit or if someone else has permission to take my daughter out.

The following people have my permission to collect my child on Friday

Signature of Parent / parents with responsibility for pupil

FOR OFFICE USE ONLY		
Doctor's Name:	Surgery	Tel no:

Sacred Heart School, Swaffham
Administration to Boarders of provided medication

Pupil's name: <i>(Please print)</i>	Year Group
Parent's name: <i>(Please print)</i>	Date:

Please accept this as authorisation to administer, as directed, the medication that I will provide for my daughter and as listed below:

Signed:..... **Parent / Guardian**

(Please print)

Name of substance	
Amount to be taken	
Frequency	

(Please print)

Name of substance	
Amount to be taken	
Frequency	

(Please print)

Name of substance	
Amount to be taken	
Frequency	

Sacred Heart School, Swaffham
Administration of non-prescription medicines to Boarders

Pupil's name: <i>(Please print)</i>	Year Group
Parent's name: <i>(Please print)</i>	Date:

Please accept this as authorisation to administer the approved non-prescription medication, as recommended by the qualified medical practitioner, to my daughter as necessary:

Signed:..... **Parent / Guardian**

Sacred Heart School, Swaffham
Permission for Self-administration of medicines by Boarders

Pupil's name: <i>(Please print)</i>	Year Group
Parent's name: <i>(Please print)</i>	Date:

Please accept this as authorisation that my daughter may self-administer the medication that I will provide for my daughter and as listed below:

Signed:..... **Parent / Guardian**

(Please print)

Name of substance	
Amount to be taken	
Frequency	

(Please print)

Name of substance	
Amount to be taken	
Frequency	

SACRED HEART SCHOOL
Doctor's visit & record of medication / treatment prescribed

Form to be filled in by pupil or accompanying adult

Name:	Date:
	Time of appointment:

Permission for visit given by: _____

Accompanied to Doctor / Nurse by:

Reason for Visit			
Advice from Doctor / Medication given:			
Frequency			
Conditions			
Batch No		Expiry date	

Signed:.....

SACRED HEART SCHOOL
BOARDERS ABSENCE NOTE

Name of Pupil: Year Group: Date:

Please note that the pupil named above has been kept in the Boarding House for day(s) as she was suffering from and was considered to be unfit to be in School.

Signed: (Boarding House Staff Mistress)