



Fair Field Junior School

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Headteacher: Mrs Leggett

Assistant Head of School: Mrs O'Sullivan

Assistant Head of School: Mrs Parmar

6th November 2025

Dear Parents and Carers,

We would like to inform you about the arrangements for giving medication to children during the school day.

The school will only administer paracetamol (Calpol) or ibuprofen (Nurofen) if the medication has been prescribed by a doctor and is in its original packaging with the pharmacy label showing your child's name and dosage instructions. Medicines bought over the counter and brought from home cannot be given by school staff.

If your child requires prescribed medication while at school, a Medication Administration Form must be completed and signed by a parent or carer before any medicine can be given. This form is available from the school office. All medication must be handed directly to the school office by an adult — children should not carry medication in their bags.

Please ensure your child is well enough to attend school and take part in the normal school day. If they are too unwell to manage without regular medication or rest, they should remain at home until they are feeling better.

These arrangements follow the Department for Education's guidance Supporting Pupils at School with Medical Conditions (2015) and the Medicines Act 1968, which require that medicines administered in school are clearly prescribed, safely stored, and given only with parental consent.

Thank you for your understanding and cooperation in helping us to ensure the health and safety of all children.

Kind regards

Davinia Leggett
Headteacher

Yours sincerely,

Mrs Leggett
Headteacher





FAIR FIELD
JUNIOR SCHOOL

Appendix 2
Fair Field Junior School

ADMINISTRATION OF MEDICATION

Parent/Carer's Authorisation Form

Pupil name:

Class:

Today's Date:

Telephone number in the event of a query regarding administration:

Name and reason for medication:

Time of day medicine to be given:

Dosage:

Any further details of administration of medicine:

End date for medicine to be taken:

Expiry date of medicine:

I understand that I am responsible for providing the school with a replacement of the medication if it passes its expiration date and is still required by my child (*please tick*).

Name of parent/carers (please print):

Signature of parent/carers:

Staff member receiving this form:

Date	Time	Name of staff that has supervised administration

