


## Huttenpark Primêre Skool

### Medication Policy

1. According to the law, no medication may be given by us, to any learner.
2. However the learners complain every day about headaches, stomach ache, nausea and many minor not-urgent symptoms. It is not feasible for us to contact each and every parent for permission to administer medicines to their child for such complaints, nor to deliver any medication to them in the classroom.
3. Parents/ Guardians are therefore requested to complete the following tear off strip, thereby giving us permission to immediately administer certain basic medication for these minor complaints.
4. **NO** medication will be administered if we do not have the written consent form.
5. The above agreement/ rule also applies for/ during any tour and/ or excursions.
6. Any special medication which a learner needs for a specific reason, eg. Insulin for diabetics, anti-histamine for allergies etc must be personally handed in at the front office to the relevant staff. Such medicines must be in a sealed container, clearly labelled with the child's name, [aren't/ guardian's name, contact numbers and instructions for use.
7. Superficial wounds will be cleaned with an antiseptic/ (eg. Dettol) and the wounds will then be "Mercurio-chromed".
8. In the event of any not so serious looking rash, bee sting etc – the spot will be treated with "Antisan" ointment.
9. If there is any concern about the seriousness of a child's medical condition the parent/ guardian will be contacted immediately.

The above policy was approved by Huttenpark Primary School's Governing Body on 12 May 2014

  
Governing Body Chairperson

  
Headmaster

**Permission slip for Medication**

Name of Learner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

I Mr/ Ms \_\_\_\_\_ herewith give permission to the school to administer the following medicines if and when necessary:

Panado/ Painblok for headaches:                      Yes\_\_\_\_ No\_\_\_\_

Hydrospasmol for stomach ache:                      Yes\_\_\_\_ No\_\_\_\_

Adco-Cyclizine for nausea:                      Yes\_\_\_\_ No\_\_\_\_

Rescue Remedy for anxiety:                      Yes\_\_\_\_ No\_\_\_\_

Allergex for Allergies                      Yes\_\_\_\_ No\_\_\_\_

Please include any allergies or medical conditions relevant to your child's health at school:

\_\_\_\_\_  
\_\_\_\_\_

**Contact numbers:**

Mother/Guardian:  
(Cell)\_\_\_\_\_ (Home)\_\_\_\_\_

Father/ Guardian:  
(Cell)\_\_\_\_\_ (Home)\_\_\_\_\_

Alternative numbers:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_

Date signed: \_\_\_\_\_