

# VERITA INTERNATIONAL SCHOOL

## SICKNESS & MEDICAL POLICY

### SICKNESS ABSENCE

- ❖ If your child is absent due to an illness, please, be sure to contact the school first thing in the morning (before 09.00 AM) to inform us of the reason for the absence and how long you expect the child to be out school.
- ❖ It is important to keep the school informed if your child has an infectious illness, in order to help prevent it being spread around school.
- ❖ If your child attends school and feels unwell during the school day, the school will contact the appropriate person to arrange for the child to be collected, in order, to have them cared for and to protect other children and adults from risk of infection.
  - Therefore, a member of the staff will make sure the child is comfortable and isolated from other children.
  - The key staff in each group will call the parents first, if no answer then other emergency contacts will be tried.
  - If staff is concerned about a child's condition deteriorating, she will take the child directly to the hospital and seek medical support.
- ❖ You need to inform the school if your child has had hospital or surgical treatment and is returning to school with stitches or a plaster cast also if they need restricted P.E. lessons, playtimes and lunchtimes.

It is expected that children with infectious illnesses will remain absent for the period recommended by the doctor.

We are aware that a number of illnesses can be classified as minor health conditions and if the child is well enough to play, carry out daily school activities, etc, whether, you send the child to school under these conditions will depend on how ill you deem your child to be.

However, please note that our sickness and medication policy provides a few guidelines for parents about the recommended time out of school:

<b>ILLNESS</b>	<b>APPROPRIATE ACTION</b>
Diarrhea and / or Vomiting	Please do not bring your child to school at least 48 hours after the last episode
Flu	Until recovered
Conjunctivitis	Please do not bring your child to school if his / her eyes are "gunky". Wait until 24 hours after treatment has been started
Fever	Please do not bring your child to school at least 48 hours after fever has gone
Coughs and Colds	Children may attend school with a minor

	cough or cold. If it is a bad illness or a long lasting cough you will need to seek medical advice as soon as possible and keep the child at home until advised by a doctor
Sore Throat	If your child has a sore throat with no other symptoms then your child is usually well enough to attend school. It is only in severe cases that there may be good reason for them to stay at home
Antibiotics treatment	If your child has been prescribed antibiotics, he / she can return to school 48 hours after the treatment has been started
Rashes	A rash is often the first indicator of a number of childhood illnesses which may cover part or all of the body. Do not send your child to school with an unexplained rash. You need to bring a medical certificate confirming that this is not contagious
Chicken pox	Please do not bring your child to school until the last spot has scabbed

**IMPORTANT: If your child is absent for more than 3 consecutive days due to health issues, please bring a doctor's certificate confirming he / she can return to the community.**

## MEDICATION

### Temporary Medication

School guidelines state that staff will only administer medicines if the following applies:

- ❖ Parents complete a permission form stating instructions for dispensing the medicines. This form can be provided either by the teachers or the administrative staff and will be retained with the medicines
- ❖ All medicines are be labeled with the child's name, medicines name, dosage and the hours for administration.
- ❖ Medications should be in original packaging with labels.

### Permanent Medication

If a child requires permanent medication, his / her needs must be discussed with the head teacher and the Administrative Manager, as well as other staff if deemed necessary. Parent must complete and sign the medication form and this is kept with the child's medication in a safe place. If specific training is needed for the staff, its cost will be covered by the parents.

Please note that our staff is instructed not to administer the first dose of a newly prescribed medicine. This is necessary, in order, to prevent any adverse reaction to the medication happening in school.

### Ongoing conditions

For ongoing conditions, a Health Care Plan will be completed to ensure that the school is able to meet the child's needs. All relevant information (including photo) will be collated in one central document that will be kept in the child's medical information file.

### **Asthma Inhalers**

Inhalers will be kept in a safe, secure but easily accessible place. They need to be labeled with the child's name and a record will be kept of when it was administered.

It is the parent/ carers responsibility to make sure your child has an inhaler in school, labeled with your child's name and not expired.

### **Anaphylaxis**

In the case of children with severe allergies and who may go into anaphylactic shock, all staff is trained in the use of epi-pens.

Specific guidelines and protocols are in place for children with epilepsy and anaphylaxis and will be reviewed with each new child entering the school.

### **Broken bones**

School can usually make arrangements, after medical advice, for children with broken bones to be attending school. Provision will be made for them at break and lunch times to stay inside when necessary.

If your child has a broken bone please contact the office, after medical attention, for advice.



verita  
School

**AUTHORIZATION FOR ADMINISTERING MEDICATION FOR A STUDENT AT  
VERITA SCHOOL**

NAME OF STUDENT:.....

MEDICATION:.....

DOSAGE AND FREQUENCY (amount to be given and time):.....

DATES AND TIMES FOR ADMINISTRATION:.....

POSSIBLE ADVERSE REACTIONS SHOULD BE REPORTED:.....

SPECIAL HANDLING INSTRUCTIONS:.....

**PARENT'S PERMISSION:**

I hereby give my permission for my child (named above) to receive medication during school hours. I hereby release the Verita International School and its employees from any and all liability that may result from my child taking the medication named above.

\_\_\_\_\_  
Name of Parent                      Signature of Parent      Date                      Phone

Name and signature of person receiving the medication:.....

Name of person designated to administer the medication:.....

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