Darul Uloom London
Foxbury Avenue, Off Perry Street, Chislehurst BR7 6SD
020 8295 0637 - www.darululoomlondon.co.uk - info@darululoomlondon.com
Charity Registration Number: 104 3305

RE: Student Medication and Allergies

Assalamualaykum

Dear Parent/Carer,

At the start of every academic year, the Madrasah updates all records of student medical needs and allergies. If your child has a medical condition or an allergy, you will need to ensure that the school has the correct and updated information.

Whether your child continues to require medication stored in school, continues to have allergies or has a new medical condition/allergy that we are not aware of, please complete the attached form. Please ensure that the form;

- Is completed in as much detail as possible
- Is signed and dated
- Is returned to the school office

Medication MUST be prescribed by a Doctor/Health Professional. We are not able to receive and administer medication that has not been prescribed. Medication must be in its original container.

Please do NOT send the following items to school as we already store and administer them when needed.

Calpol

Paracetamol

Once the medicine is received by a staff member, the madrasah will safely store and administer to your child when necessary. No medicine is allowed to be kept with the child or in their room.

For more information please refer the Madrasah Medical policy.

If you require further information, please do not hesitate to contact the Madrasah.

Thank you and Jazaakallahu Khairan for your cooperation

Yours sincerely,

Abubakr Baporia
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ADMINISTERING OF MEDICATION CONSENT FORM

Student details:

Full Name: _____ Date of Birth: _____

Medical condition or illness: _____

_____

Allergies/intolerance: _____

Description of Symptoms: _____

Prescribed medication (if any):

Name of Medicine	Duration of course	Amount of medication	Self-Administration (Yes/No)

Parent/Carer details and consent:

I give permission for Darul Uloom London School to administer and/or allow my child to self-administer the above medication. I understand that I must deliver the medicine personally to a staff member. I understand that I must notify the school of any changes in writing.

Parent/Carer name: _____ Relationship to pupil: _____

Signature: _____ Date: _____

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The above medication has been prescribed by a doctor/Health Professional. It is clearly labelled indicating contents, dosage and child's name in FULL.

For Office use: (To be filled in by staff member receiving the medication)

Staff Name: _____ Sign: _____ Date: _____

Medication log updated and filed? YES / NO Student URN: _____