

All Saints Bedworth C OF E Academy

Under the Weather Monitoring Form

We know it can be difficult to send your child to school if they aren't quite feeling 100%. This form lets our staff know that your child is 'under the weather', so they can keep an eye on them throughout the day.
We know it can be difficult to decide whether your child is well enough for school. In many cases, children can still attend school even if they are feeling a little under the weather. For example, it is usually appropriate to send your child to school if they have:

- A mild cold, runny nose or cough.
- A mild headache that is relieved with rest or medication.
- A minor stomach-ache or nausea with no vomiting or diarrhoea.
- Tiredness or a poor night's sleep.
- Hay fever or seasonal allergies.
- Minor aches and pains that do not prevent them from taking part in the school day.

Should we have any concerns about your child during the school day, rest assured we will give you a call and you can come and pick up your child.

Date: _____

Child's Name: _____ **Year Group:** _____

Reason for Monitoring

Symptoms (tick all that apply)

☐ Headache ☐ Sore throat ☐ Cough ☐ Cold symptoms ☐ Tummy ache ☐ Feeling tired
☐ Worried ☐ Nausea ☐ Raised temperature Other: _____

Medication given before school (e.g. Calpol / prescribed cream applied)

Medication: _____

Dose: _____

Time Given: _____

Medication required during the school day

_____

Dose & Time: _____

Medication must be handed directly to the school office by a responsible adult and must not be carried by pupils. Medication will only be administered in accordance with the school's Medication Policy and with parental consent. The school will only give non-prescription medicines to pupils for a maximum of 3 days.

Parent/Carer Declaration

I confirm that my child is well enough to attend school today. I give consent for authorised school staff to administer the medication detailed on this form, in line with the school's Medication Policy and the manufacturer's instructions. I confirm that the medication is in its original packaging and is in date. I confirm my child has not had any adverse reaction to this medication previously.

Parent/Carer Name: _____

Signature: _____

FOR STAFF USE ONLY

To be used to record administration of 'over the counter' medication, as detailed and consented to by parent on the form overleaf

'Under the weather' medication administration record

Time given_____

Dosage given_____

Name of staff member administering: _____

Name of staff witness: _____

Time given_____

Dosage given_____

Name of staff member administering: _____

Name of staff witness: _____

N.B. This record is for one day only. A new 'under the weather' form to be completed each day by parents, as required.

The school will only give non-prescription medicines to pupils for a maximum of 3 days.