

Dear Parents, (日本語が下記に記載されています。)

As you know we are very keen to ensure that we are consistent with our organisation in regard to use of medications at school. We would ask parents to read the following extract from our Parent Handbook which covers this area fully. (The Parent Handbook is available on the school website under 'Parents').

Medication at School

If parents wish to request the administration of medication by the School Nurse, they must complete an Authorisation for the Administration of Medication Form. The form must be signed and stamped by the prescribing doctor. A copy of an 'explanatory leaflet of medicine' from a pharmacy with the prescribing physician's name is also acceptable. In the case of non-prescribed medication (e.g. over the counter purchases), we require that parents sign the Authorisation for the Administration of Medication Form. Do not send vitamins, natural or homeopathic remedies to school without the above authorisation form being completed. Both the completed form and the medication in its original container must be taken to the School Nurse.

Students are allowed to apply eye drops and ointment if they prefer to do it by themselves, but the same form still must be completed by parents; however, the form will indicate that the student will administer the medicines by him/herself.

Students may not be sent to school with medication unless it has also been cleared by the School Nurse. Most importantly, your child must clearly know never to share medication with others. Remember to update your child's medical history forms as needed, preferably after each doctor's visit.

Sickness

To reduce the risk of spreading infections to others, you will need to keep your child at home if he/she shows any of the following symptoms:

- high temperature (over 37.5C)
- inflamed throat or eyes (conjunctivitis)
- unidentified rash
- upset stomach or diarrhoea

Frequently Asked Questions

Q. Where can I get an Authorisation for the Administration of Medication Form?

A. You can get this form at the office or on the website.

Q. I would like to turn in this form but I cannot make any time to go to school.

A. We prefer that you visit the School Nurse. However, if you cannot, you can send the form to the office by fax. The School Nurse will contact with you and will decide whether your request can be accepted or not.

Thank you for your understanding and cooperation in this matter.

Should you have any questions or concerns, please don't hesitate to contact us.

学校における薬の取り扱いについて

薬を学校に持参・服薬・管理を希望される方は、指定の用紙「薬管理許可（依頼）書」を記入して下さい。または、薬局から出される処方医師の名前が書かれた「お薬の説明書」のコピーを提出して下さい。その用紙をもって、養護教諭が承認・管理をさせていただきます。指定用紙には、必ず処方医師の署名もしくは捺印を頂いてきてもらう必要があります。医薬部外品（薬局購入薬）の場合は、保護者が指定用紙に記入して下さい。また、ビタミン剤や自然薬品、サプリメントなどを含めた薬の学校への持参に関しても、「薬管理許可（依頼）書」を記入し、承認を受けて下さい。そして、指定用紙と薬を養護教諭に届けて下さい。

点眼や軟膏塗布の自己管理は認めておりますが、その場合も、指定用紙を養護教諭に提出して下さい。服薬は、養護教諭の管理の下で行います。

養護教諭の許可を得た薬を除いて、児童・幼児は薬を持参できませんので、ご遠慮下さい。そして、児童・幼児が薬を持参する場合は、必ずご家庭でほかの子どもたちと薬を共有しないということ伝えて下さい。

また定期受診後、医療状況が変わった場合は、お手数をお掛けしますがお子様の医療状況について養護教諭までお知らせ下さい。

病気について

大変申し訳ありませんが、感染の拡大を防ぐため病気の児童・園児は登校・登園をご遠慮願います。保護者の方は、お子様に以下の症状がみられた場合は自宅療養していただきますよう宜しくお願い申し上げます。

- ・ 高熱
- ・ のどや目（結膜炎）などの炎症
- ・ 正体不明の発疹
- ・ 胃の不調や下痢

Authorisation for the Administration of Medication Form

Request from the School Nurse to administer medicine to a child recovering from an illness. Please note that no child should be in school if suffering a contagious illness. A list of contagious illnesses is available on request.

Name of Child _____ Class _____

Details of Medication to be Administered to the Child

Parents/Guardians, please fill in this section in English:

Type of Medication(s) and Dosage(s) (packs/ml etc.) _____

Time to be Administered _____

Start Date / End Date _____

Your Phone Number _____

Parent Signature _____

MIS will not be able to administer new medication to any child until the doctor who prescribed the medication has signed the form below. If you have a previously prescribed medication, we do not require the doctor's signature. Parents still need to complete the information above.

I confirm that the disease has no risk of infecting others but that the child needs to continue taking the medication above.

この病気は感染する恐れはありませんが、しばらく上記の服薬を継続する必要があります。

Date _____

Clinic _____ Doctor's Signature _____

Head of School Use

School Nurse Use