

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 medicines 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 physician. Both the completed form and the medication, in its original container, must be taken to the School Nurse.

Applying eye drops and ointment are allowed to be administered by students if they prefer to do it by themselves, but the form described above must be completed in the same way; however, the form will indicate that the student will administer the medicines by him/herself. Students must take medicines in front of the School Nurse.

Students may not bring any medication that has not been cleared by the School Nurse. Remember to update your child's medical history forms as needed.

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:

- A fever of 37.5°C or higher
- Eye symptoms, including redness, swelling, or discharge
- Unidentified rash
- Nausea, vomiting, or diarrhoea

The school accepts absences in the event of family emergencies and religious holidays. Dental and medical appointments should be arranged, where possible, so that they do not conflict with school hours.

If your child becomes ill during the course of the day, you will be notified and the child will be isolated from other students until collected. In the event of an emergency, all efforts will be made to contact parents/guardians. However, in their absence, the school will seek medical or other advice and act as it sees fit, in the child's best interest.

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 do not hesitate to contact us.

学校での薬の使用について、私たちは学校全体で一貫した対応を取ることを非常に重視しております。つきましては、この点を詳しく説明している「保護者ハンドブック」の以下の抜粋を、保護者の皆さまにご一読いただけますようお願いいたします。（保護者ハンドブックは、学校ウェブサイト内の「保護者」ページからご覧いただけます。）

学校における薬の取り扱いについて

薬を学校へ持参し、服薬または管理を希望される場合は、指定の「薬管理許可（依頼）書」をご記入ください。ご提出いただいた用紙をもとに、養護教諭が確認・承認し、薬の管理を行います。なお、この指定用紙には必ず処方した医師の署名または捺印が必要です。指定用紙は学校ホームページより印刷できます。

点眼や軟膏の自己管理は認めていますが、その場合も「薬管理許可（依頼）書」を養護教諭へ提出してください。服薬については、必ず養護教諭の管理のもとで行います。

養護教諭の許可を得た薬を除き、園児・児童が薬を持参することはできません。また、園児・児童が薬を持参する場合は、ご家庭で「他の子どもと薬を共有しない」ことを必ずお伝えください。

さらに、お子さまの医療状況に変更があった場合（特にアレルギー情報の変更）は、速やかに養護教諭までご連絡ください。

病気について

学校内での感染症拡大を防ぐため、以下の症状がみられる園児・児童につきましては、登園・登校をお控えいただき、自宅での療養をお願いいたします。

- ・ 37.5℃以上の発熱
- ・ 医師による診断を受けていない目の赤みや腫れ、目やにななどの症状
- ・ 原因不明の発疹
- ・ 吐き気や嘔吐、下痢

学校では、家庭の緊急事態や宗教上の祝日の場合、欠席を認めております。歯科や医療機関の受診は、可能な限り、授業時間と重ならないようご予約いただきますようお願い申し上げます。

お子様が在校中に体調不良となった場合には、保護者の方へご連絡し、お迎えに来られるまで他の園児・児童と離れて待機させます。緊急時には、保護者（または後見人）への連絡を最優先に行いますが、連絡が取れない場合には、学校が医療機関等に助言を求め、園児・児童の最善の利益を考慮して適切と判断する対応を行います。

Authorisation for the Administration of Medication Form

If medication needs to be administered at school, this form must be completed by the prescribing physician. Please note that children who are suffering from a contagious illness are not permitted to attend school. In addition, the School Nurse is only permitted to administer medication that has been prescribed by a physician.

Furthermore, for safety reasons, we kindly ask that, whenever possible, you consult with your child's physician to adjust the medication schedule so that the medication can be taken at home.

Name of Child _____ Class _____

Details of Medication to be Administered to the Child

Parents/Guardians, please fill in this section :

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

Time(s) to be Administered _____

Start Date / End Date _____

Your Phone Number _____

Parent Signature _____

MIS will not be able to administer medication to any child until the doctor who prescribed the medication has signed the form below.

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