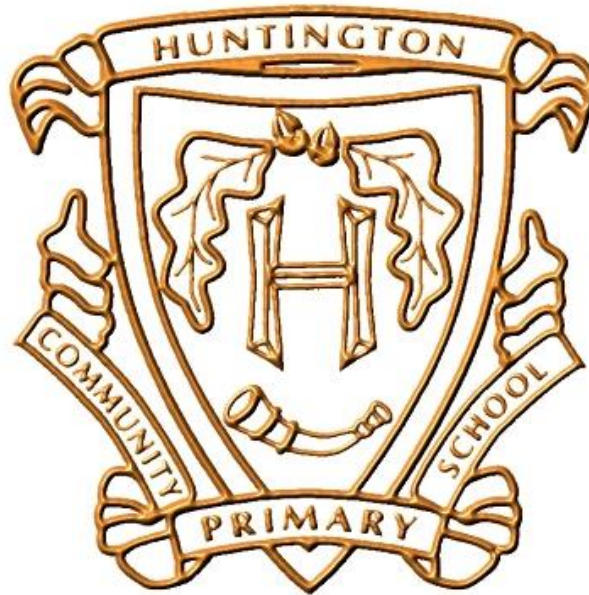


HUNTINGTON COMMUNITY PRIMARY SCHOOL



Learn to Live
Live to Learn

POLICY FOR THE ADMINISTRATION OF MEDICINES

2021

Signed by:

Headteacher

Date: 23.06.21

Chair of Governors

Date: 23.06.21

Next review Summer 2024

CONTENTS

1.	Statement of Intent	p.3
2.	Introduction	p.3
3.	Legal Framework	p.4
4.	Definitions	p.4
5.	Key Roles and Responsibilities	p.5
6.	Parental Responsibility in respect of a Child's Medical Needs	p.6
7.	The Need for Prior Written Agreement from Parents for Administration of Medicines	p.6
8.	Managing Medicines on School Premises	p.7
	Prescription Medicine	p.7
	Non-Prescription Medicine	p.7
	Delivery, Receipt and Storage Arrangements	p.8
	Training and Instruction	p.9
	Record Keeping	p.9
	Self-Management of Medicines	p.10
	Controlled Drugs (Controlled by the Misuse of Drugs Act)	p.10
	Emergency Procedures	p.10
	Educational Visits	p.11
	Disposal of Medicines	p.11
9.	Medication Arrangements for Students with an Individual Health Care Plan (IHCP)	p.11
10.	Common Conditions and Practical Advice	p.13
11.	Related publications	p.13
12.	Review of Policy	p.13

Appendices

- 1 [Request for Huntington CP School to give Medication](#)
- 2 [Record of Medicines Administered to all Children](#)
- 3 [Individual Health Care Plan](#)
- 4 [Parental Agreement for School to Administer Medicines](#)

1. STATEMENT OF INTENT

- 1.1 Huntington Community Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.
The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

2. INTRODUCTION

- 2.1 All Governing bodies, Headteachers and Managers must make arrangements for supporting pupils in their establishment with medical conditions. The guidance underpinning this policy has been drawn up in accordance with the DfE statutory guidance 'Supporting Pupils at School with Medical Conditions' (September 2014).
- 2.2 All educational establishments should have a policy, procedures and suitable arrangements in place to ensure that individuals with medical needs are properly supported so that they can play a full and active role in school life and achieve their academic potential.
- 2.3 Most young people will at some time have short-term medical needs e.g. finishing a course of antibiotics. Some young people will also have longer term, more complex medical needs and may require medicines or on-going support to help manage their condition and stay healthy. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection or those with severe asthma may have a need for inhalers or additional doses during an attack.
- 2.4 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.
- 2.5 In most cases young people with medical needs can attend school and receive full access to education (the entire curriculum, including PE, Design and Technology and educational visits etc.) but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An Individual Health Care Plan (IHCP) can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk
- 2.6 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on working co-operatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate social care professionals), local authorities and parents and pupils is critical.
- 2.7 In the case of foster care placements, Cheshire West and Chester employees when completing placement plans and agreements, should discuss medication issues with the parent/guardian and have this documented. The parents will generally maintain parental responsibility and will need to be consulted to give consent for medication being given. Where Cheshire West and Chester has joint parental responsibility, consent procedures should be clearly documented. Schools should liaise with the pupil's Social Worker

regarding the details of what routine medical treatment the foster carer can consent to under delegated authority and the specific consent the school needs to seek from Children's Social Care and the parents.

- 2.8 No child should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- 2.9 In line with their safeguarding duties, Governing bodies, Headteachers and Managers should ensure that a pupil's health is not put at risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 2.10 School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Please see paragraphs 4.22 – 4.30 for further information on training.

3. LEGAL FRAMEWORK

3.1 This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

3.1 This policy is implemented in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Record Management Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

4 DEFINITIONS

- 4.1 The school defines "medication" as any prescribed or over the counter medicine.
- 4.2 The school defines "prescription medication" as any drug or device prescribed by a doctor, dentist or other healthcare professional.
- 4.3 The school defines a "staff member" as any member of staff employed at the school, including teachers.
- 4.4 For the purpose of this policy, "medication" will be used to describe all types of medicine.
- 4.5 The school defines a "controlled drug" as a drug around which there are strict legal controls

5 KEY ROLES AND RESPONSIBILITIES

5.1 The Governing Board is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy, as outlined in the school's *Complaints Procedures Policy*.
- Ensuring the correct level of insurance is in place for the administration of medication.
- Ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.
- Ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.
- Managing any complaints or concerns regarding the support provided or administration of medicine using the school's *Complaints Procedures Policy*.

5.2 The Headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that appropriate training is undertaken by staff members administering medication.
- Ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- Organising another appropriately trained individual to take over the role of administering medication in the case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for educational visits and external activities.

5.3 All staff are responsible for:

- Adhering to this policy and ensuring pupils do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

5.4 Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing a medication administration form ([Appendix 1](#)) prior to bringing any medication into school, and providing this to the office staff.
- Discussing medications with their child prior to requesting that a staff member administers the medication.

- Requesting from the prescriber, wherever possible, that doses of medication to be administered three times a day are timed to be given to the child before or after school hours.
- Providing medication in its original container with the pharmacist's label.
- Collecting and disposing of any unused medication.

5.5 It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with the school nurse or other members of staff.

6 PARENTAL RESPONSIBILITY IN RESPECT OF A CHILD'S MEDICAL NEEDS

6.1 Parents have the prime responsibility for their child's health and should provide the school with sufficient and up to date information about their child's medical needs. Parents should be involved in the development and review of their child's Individual Health Care Plans (IHCP) where one is considered appropriate. They should carry out any action they have agreed e.g. providing medicines and equipment or notifying any changes in a timely manner and ensuring they or another nominated adult are contactable at all times.

Ideally it is preferable that parents, or their nominee, administer medicines to their children. This could be achieved by the young person going home during a suitable break or the parent visiting the school. However, there will be times when this may not be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school, using the form at Appendix 1.

7 THE NEED FOR PRIOR WRITTEN AGREEMENT FROM PARENTS FOR ADMINISTRATION OF MEDICINES.

7.1 The school must receive a written request from the parent giving clear instructions regarding required dosage (Appendix 1). The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly.

8 MANAGING MEDICINES ON SCHOOL PREMISES

- 8.1 Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so. Where possible, parents/carers should be encouraged to discuss with the prescriber the suitability of medicines being prescribed in dose frequencies which enable them to be taken outside school hours.
- 8.2 In certain circumstances (e.g. one-off occasions) it may be preferable that parents, or their nominee, administer medicines to their children; this could be effected by the young person going home during a suitable break or the parent visiting the school. However this may not always be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school.
- 8.3 Each request for medicine to be administered to a young person in school should be considered on an individual basis. Where it is thought necessary for medicines to be administered the Headteacher should ensure that the school policy is followed carefully.
- 8.4 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- 8.5 The school must receive a written request from the parent giving clear instructions regarding how to administer the required dosage. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Appendix 1).
- 8.6 School staff should be aware of, and must take into account the needs of pupils with medical conditions that they teach. There is no legal duty that requires school teaching staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent.

Prescription Medicine

- 8.7 Prescription medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parents' instructions without first consulting with the parent and the prescriber and/or community pharmacist.** Ideally medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, and parents should be encouraged to ask their prescriber about this.

Non- Prescription Medicine

- 8.8 Staff **should not** give a non-prescription medicine (e.g. Piriton, Calpol) to a young person **unless** there is a specific prior written agreement from parents (i.e. Appendix 4 has been completed).
- Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case (as in Appendix 4).
 - Medication should never be administered without first checking the maximum dosage and when any previous medication was taken.
 - Where a non-prescription medicine is administered to a child **it should be recorded in the Record of Medicines log and the parents informed.**

A young person under 16 should never be given aspirin-containing medicine or medication containing ibuprofen unless prescribed by a medical practitioner.

- 8.9 Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- 8.10 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain/flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form C, which is distributed to all participants prior to any such visit (and is available in the Cheshire West and Chester guidance note 'Educational Visits and Overnight Stays'). However, remember that a young person under 16 should never be given aspirin-containing medicine or medications containing ibuprofen unless prescribed by a doctor.

Delivery, Receipt and Storage Arrangements

- 8.11 Medicines should only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and include the young person's name, instructions for the administration, dosage and storage arrangements. All of the contents should match, in all aspects, the exact labelling on the container/packet – any that does not must be returned to parents, not stored on site.
- 8.12 The label on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin which still must be in date but will be generally supplied in a pen or pump rather than its original container.
- 8.13 It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the office staff by an adult.
- 8.14 Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be readily available and not locked away.
- 8.15 Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container, clearly labeled and kept in the main body of the fridge to reduce temperature fluctuations. There should be restricted access to refrigerators holding medicines. The school's First Aid refrigerator is in the MI (Medical Intervention) room.
- 8.16 In the event of storage of a controlled drug, the dedicated cabinet in the MI Room will be used. Only named staff should have access to the medication. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 8.17 Where individuals have an Individual Health Care Plan (IHCP) this should detail where their medication will be kept in the event of an emergency and for day-to-day use.

- 8.18 All staff administering medication must check the individual blister pack being used for correct medication/dosage, rather than just the container/packet.
- 8.19 A young person should know where their own medicines are being stored and who holds the key.
- 8.20 It is recommended that the master file of parental consent and record of administration forms is kept in close proximity to the medication store for ease of reference.

Training and Instruction

- 8.21 Staff who are responsible for the administration of medicines should be fully aware of the school's policy and procedures and have received suitable training (including refresher training) to achieve the necessary level of competency and feel confident in their ability before they take on responsibility to support children with medical conditions.
- 8.22 The level of staff training is dependent upon the amount of support they may be required to administer. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. In other circumstances, for example where a child has an Individual Health Care Plan (IHCP), more specific training may be required.
- 8.23 Whole school awareness training will be arranged on a regular basis so that all staff are aware of the school's policy and individual roles and responsibilities.
- 8.24 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 8.25 For those pupils with an Individual Health Care Plan (IHCP) it is ultimately for the school to decide the level of training required - having taken into consideration the view of Healthcare Professionals and parents - and this should be documented in the IHCP.
- 8.26 A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 8.27 Schools should ensure suitable cover arrangements are in place in case of staff absence to ensure someone is always available to administer the medication and support pupils with medical conditions.
- 8.28 The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They may provide specific advice, but should not be the sole trainer.
- 8.29 Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra support.

Record Keeping

- 8.30 Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However, there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing.
- 8.31 The school will keep a written record of each time medicines are given, and staff will complete and sign this record (see Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal as soon as possible – immediately in potentially life threatening circumstances e.g. refusal to take insulin.

Self-Management of Medicines

- 8.32 It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and the young person, the appropriate time to make this transition. This should be recorded in the young person's Individual Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.
- 8.33 If a child refuses to take a medicine or carry out a necessary procedure, staff should not force them to do so (see 3.34 above), but follow the procedure agreed in the Individual Health Care Plan, where one exists.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

- 8.34 Controlled drugs are a special category of medicines which are subject to separate legislation which defines how they should be prescribed stored and administered. Examples are morphine, diamorphine and methylphenidate (also known as Ritalin). They are subject to special legislation because they are either extremely toxic or subject to misuse or both.
- 8.35 A nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.
- 8.36 Controlled drugs (Ritalin) are kept in a separate, fixed, locked cabinet in the MI Room. A record of every administration should be kept along with the number of tablets/ volume of drugs received. If a second person is present to witness the drug being administered, they should sign the record book as well. The record book should always be available for external inspection.

Emergency Procedures

- 8.37 The school's emergency procedures are part of the school's First Aid procedures. Individual Health Care Plans (where they exist) should include instructions as to how to manage a young person in the event of an emergency, and should identify who is the responsible member of staff (for example, if there is an incident in the playground a lunchtime assistant needs to be very clear of their role).
- 8.38 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. A record of preceding events, including any medications given should be recorded.

Educational Visits

- 8.39 School will consider what reasonable adjustments it may need to make to enable young people with medical needs to participate fully and safely on visits i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of any individual's Health Care Plan should be available during the visit (in the event of an emergency).
- 8.40 If staff members are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.
- 8.41 However, during an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in Appendix 6 of the Cheshire West and Chester guidance note 'Educational Visits and Overnight Stays'. A young person under 16 should never be given aspirin-containing medicine or medications containing ibuprofen unless prescribed by a medical practitioner.

Disposal of Medicines

- 8.42 All Medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.
- 8.43 Where syringes and needles are used on site, staff should ensure safe disposal of these items into a sharps box. Where students are self-administering insulin or any other medication with a syringe, they should be assisted by staff in the proper disposal of sharps (for further advice on this see Cheshire West and Chester Council guidance on Infection Control).

9 MEDICATION ARRANGEMENTS FOR STUDENTS WITH AN INDIVIDUAL HEALTH CARE PLAN (IHCP)

- 9.11 Individual Health Care Plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when a health care plan is appropriate. An IHCP should be reviewed at least annually, more frequently if changes occur.
- 9.12 The format of individual IHCPs may vary but should capture the key information and actions that are required to support the child. The level of detail will depend on the complexity of the child's condition and the degree of support required. The school's IHCP template is provided in Appendix 3.
- 9.3 The IHCP should be drawn up in partnership between the school, parents and a relevant healthcare professional; for example, a consultant or nurse specialist. Pupils should also be involved whenever appropriate.
- 9.4 The IHCP should consider the following:
- The medical condition – its triggers, signs, symptoms and treatments;
 - The student's resulting needs including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where it is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
 - Specific support for the student's educational, social and emotional needs (e.g. how will absences be managed, requirements for extra time to complete exams, use of rest periods, counselling sessions);
 - The level of support needed, including in emergencies. If a student is self-medicating this must be clearly stated;
 - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional, and cover arrangements;
 - Who needs to be aware of the student's condition and the support required;
 - Arrangements for written permission from parents for medication either to be administered by a member of staff or the student;
 - Separate arrangements or procedures for school trips or other school activities outside the normal school timetable;
 - If there are confidentiality issues, the designated individuals to be entrusted with the information;
 - What to do in an emergency including whom to contact and contingency arrangements.
- 9.5 Staff should not give prescription medicines or undertake health care procedures without suitable training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupil's Individual Health Care Plan. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Home-to-school transport

- 9.6 Most individuals with medical needs do not require supervision on transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the parent and health professionals as to whether supervision may be required. This should be included on the Individual Health Care Plan.

10 COMMON CONDITIONS AND PRACTICAL ADVICE

- 10.1 The medical conditions in young people that most commonly cause concern in schools are the administration of antibiotics, asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following are sources of advice and further information:

Asthma - <https://www.asthma.org.uk/>

Epilepsy - <https://www.epilepsy.org.uk/>

Diabetes - <https://www.diabetes.org.uk/>

Attention Deficit and Hyperactivity Disorder (ADHD) - www.nhs.uk

11 RELATED PUBLICATIONS

- 11.1 **DfE Publications** <https://www.gov.uk/government/publications>:
- [Supporting pupils at school with medical conditions](#)
 - Templates - Supporting pupils at school with medical conditions
 - The Early Years Foundation Stage
 - Special Educational Needs and Disability Code of Practice

12 REVIEW OF POLICY

- 12.1 This policy will be reviewed on a three-yearly basis by the Headteacher in liaison with the Premises and Health & Safety Committee.

APPENDICES

- 1 Request for Huntington Primary School to give Medication
- 2 Record of Medicines Administered to all Children
- 3 Individual Health Care Plan
- 4 Parental Agreement for School to Administer Medicines

**APPENDIX 1
REQUEST FOR HUNTINGTON COMMUNITY PRIMARY SCHOOL
TO GIVE MEDICATION**



Dear Headteacher,

I request that _____ (full name of pupil) be given the medicine outlined below while at school.

Date of birth _____ Year group/class _____

Medical condition/illness/allergy _____

MEDICINE

Name/type of Medicine _____
(as described on the container)

Expiry date _____ Duration of course _____

Dosage and method _____ Time(s) to be given _____

Special precautions/other instructions _____

Are there any side effects that the school needs to know about? _____

Time most recent dose given _____

Can your child self-administer? **Yes/No** (delete as required)

Procedures to take in an emergency _____

**NB Medicines MUST be in the original container as dispensed by the pharmacy,
and must be delivered personally to the school office staff.**

CONTACT DETAILS

Your name _____ Relationship to child _____
(print)

Daytime telephone number _____

Address _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date _____

Signature _____

APPENDIX 3

INDIVIDUAL HEALTH CARE PLAN

Name of school/setting

Child's name

Year Group/class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Person responsible for providing support in school

--

Health Information

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Name who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when?

Form copied to

APPENDIX 4
PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINES

The school will not give your child medicine unless you complete and sign this form.

Name of School Huntington CP School

Date _____

Child's Name _____

Year _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school _____

Note: Medicines must be in the original container as dispensed

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by (name of staff member) _____

I certify that the medicine has been administered without adverse effect to my child in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is to be stopped.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.