

Oakworth Primary School

‘committed to the welfare and safety of its pupils’

Supporting Pupils with Medical Conditions (including First Aid) Policy

Summary

This is a policy which outlines the duties from the Children and Families Act 2014 and the Equality Act 2010 relating to children with disability or medical conditions.

It also outlines the duties set out in the DFE *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England* (2015).

This policy should be reviewed annually.

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|----------------------|-----------------------|
| Author’s Role | Assistant Headteacher |
| Date | July 2020 |
| Internal Review Date | January 2025 |
| Official Review Date | As updates |

1. Statement of intent

The governing body of Oakworth Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Oakworth Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the academy's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

As administering medicines is a voluntary role, the school will always endeavour to meet these needs but may, on occasion, be unable to do so. **Forms referred to throughout this policy document are stored in the main school office and on the school website.**

2. Roles and Responsibilities

The Governing Body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils at school with medical conditions.
- Ensuring training will be provided to staff supporting children with medical conditions.
- Ensuring consultation between school, health and social care professionals, pupils and parents takes place to effectively support the needs of children with medical conditions.
- Ensuring that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans and procedures and systems are properly and effectively implemented.

The school accepts responsibility for members of staff who volunteer to administer, or supervise children self-administering, prescribed medicines during the school day.

The Headteacher is responsible for:

- Implementing this policy and procedures and ensuring staff and parents/carers are aware of them.
- Ensuring that, where required, a written Individual Healthcare Plan (IHCP) is drawn up for each child, in conjunction with the parents/carers and appropriate healthcare professionals and is reviewed annually.
- Ensuring that staff receive appropriate training, information and instruction
- Ensuring that sufficient numbers of trained staff are available to implement the policy and deliver against Individual Healthcare Plans.
- Ensuring that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

School Staff

The appointed person for the responsibility of First Aid in school is: **Sam Layfield (Assistant Headteacher)**.

Those who agree to undertake administering medication within their role and/or provide support to pupils with medical conditions will be provided with sufficient training, information and instruction. They will also be made aware of possible side effects of the medicines, and what to do if they observe any side effects.

The type of training necessary will depend on the individual case. School staff are responsible for:

- Following the procedures outlined in this policy, and using the appropriate forms
- Retaining confidentiality within policy guidelines
- Contacting parents and/or emergency services when necessary and without delay
- Storing medicines and first aid equipment within policy guidelines

If they have a child with a medical condition in their class or group, they will be supported in understanding the nature of the child's needs in order to adequately support them. This information will be provided to them.

Parents/Carers

- Must provide the school with sufficient and up-to-date written information about their child's medical condition.
- Are responsible for making sure their child is well enough to attend school. Parents/carers should keep children at home when they are acutely unwell.
- Provide medicines and equipment within policy guidelines e.g. in **original labelled containers, in date and sufficient for the child's needs. Inhalers and spacers should be provided together in a plastic container labelled with the child's name.**
- Must provide up-to-date contact information to ensure that they or another responsible adult are contactable at all times for if their child becomes unwell at school.
- Only request medicines to be administered at school when it would be detrimental to their child's health or school attendance not to do so.
- Provide written agreement before any medicines can be administered to their child.
- Must, if an Individual Healthcare Plan is required for their child, work with school and healthcare professionals to develop and agree it. School is not responsible for writing asthma care plans, these should be requested through the asthma nurse/GP.

Please note that children will not be able to attend sports events or school trips if medication is not provided in a timely manner.

Health professionals

The local health authority has a statutory duty to purchase services to meet local needs. These services are provided by the local National Health Service (NHS) Trust. The main contacts for school are the school nursing team, who may be able to help the school develop individual Health Care Plans for pupils with medical conditions. They may also be able to supplement information provided by the child's parent or GP or advise where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy. The school nursing team are also the main

contacts for advice on training for staff willing to administer medication or take responsibility for other aspects of support.

The Local Authority

The Local Authority has a duty to promote co-operation between relevant partners such as health visitors and school nurses, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. The Local Authority has a duty to make other arrangements for a child's education when it is clear that a child will be away from school for 15 days or more because of health needs (see our Education of Pupils with Medical Needs Policy). The Local Authority also makes joint commissioning arrangements for education, health and care provision for pupils with SEND.

3. First Aid in school

3.1 Facilities

First aid over the Lunchtime period will be administered on the playground or for serious incidents in the Care Club classroom which:

- Has washable surfaces and adequate heating, ventilation and lighting
- Is kept clean and tidy at all times
- Is positioned as near as possible to a point of access for transport to hospital (Dockroyd)
- Is in close proximity to a toilet facility
- Has a sink with hot and cold water
- Has drinking water and disposable cups
- Has soap and paper towels
- Has a suitable container with disposable waste bags.

First aid at other times is administered in rooms occupied by named First Aiders. Each classroom has access to a First Aid bag and First Aid book. First aid in Care Club will be administered by Care Club first aiders and recorded in their First Aid log book.

3.2 First aid bags

First aid bags will be:

- Green and labelled. All bags are located behind the door of every classroom
- Maintained and in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.

3.3 Selection of first aiders

When selecting first aiders, Oakworth Primary School will consider an individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first aider must be able to leave immediately in an emergency.

Lists of current first aiders are prominently displayed around the school and the responsibility for organising first aid training is the office manager. The school keeps a record of who is trained in first aid and the date that their certificates expire. All staff must ensure that they have read the school's 'Supporting Pupils with Medical Needs Policy' and sign the training record to confirm that they have done this.

3.4 First Aiders

The main duties of first aiders are to:

- Complete a training course approved by the HSE.
- Give immediate help to casualties with common injuries and those arising from specific hazards at the school.
- Ensure that an ambulance or other professional medical help is called, where appropriate

3.5 Reporting incidents and record keeping

Reporting

The Headteacher will ensure that procedures are in place to report any major or fatal injuries, involving staff or pupils, to the HSE without delay, as required by RIDDOR. Any serious or significant incidents involving a pupil will always be reported to parents via phone call or face to face conversation.

Where pupils receive minor injury, first aid will be administered and recorded. Where an injury is more serious, the child will receive a wristband to alert parents/carers of the incident.

Injuries sustained to the head will result in a wristband being placed on the child and a letter home. The child will be monitored throughout the day. Any further concerns about the child's wellbeing will be reported to the parent/carer. For more serious head injuries, Parents/Carers will be informed.

Record Keeping

The Headteacher will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

These records will include the following:

- The date and method of reporting
- The date, time and place of the incident
- Personal details of those involved in the incident
- A brief description of the nature of the incident or disease
- Any witnesses to the incident

Reportable injuries include the following:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs

- Serious burns (including scalding), which cover more than 10 percent of the body or cause significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by a head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

First aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including recording the following:

- The date, time and place of the incident
- The name of the injured person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident.
- Record the name of the adult the incident is reported to, if the children returns to class.

Staff Accident forms are held in the School Office, along with children's confidential medical details. All classes have a First Aid book per class (kept alongside the First Aid bag), where incidents will be recorded. These books, along with the First Aid bag, will be passed to the lunch time supervisor with responsibility for that class.

Records will be maintained for no fewer than three years after the incident.

4. School procedures when receiving notification of a child with a medical condition

When notification of a child with a medical condition is received the school will:

- Gather all the required information by providing parents with the appropriate form and having follow-up conversations where necessary. (**Admin of Medicine form 1**)
- Where possible, make appropriate arrangements for staff to administer medication
- Where required, **instigate an Individual Healthcare Plan** (see next paragraph)
- **An Individual Healthcare Plan** must be completed for each child who:
 - Requires medication for longer than 8 days
 - Has a medical condition that requires support to access the same opportunities as any other child in school
 - Has long-term medical needs, excluding asthma in routine/non-acute cases

Individual Healthcare Plan

The plan will be written in consultation with the parent/carer, the school and relevant healthcare professionals. **See flow chart at Appendix A.** Contributions to an Individual Healthcare Plan may be sought from relevant people – e.g. class teacher, learning mentor, school staff who have agreed to administer medication, staff who are trained in emergency procedures, School Health Service and the child (if appropriate).

Each Individual Healthcare Plan is confidential. Members of staff who have contact with the child will be provided only with information from the plan that is relevant to their role. Relevant staff training will be arranged if needs are identified in an Individual Healthcare Plan. If a child with long-term or complex medical needs requires hospital or clinical treatment the Individual Healthcare Plan should be taken with them.

Each Individual Healthcare Plan will be reviewed annually unless, due to the nature of the child's needs, a more frequent review is required.

Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in the IHC plan.

5. Managing Medicines in School

- Medicines will only be administered at school when they have been prescribed. Non-prescription medicines may be administered if it would be detrimental to a child's health or school attendance not to do so, this is at the Headteacher's discretion.
- Where a child has an inhaler, a care plan must be provided by the Parent/Carer.
- No child will be given prescription or non-prescription medicines without their parent's written consent.
- Where clinically possible, parents will be encouraged to request that medication be prescribed in dose frequencies which enable them to be taken outside school hours e.g. three dosages per day, one first thing in the morning, one on return home from school and one at bedtime.
- All medicines will be stored safely.
- Children should know where their medicines are at all times and be able to access them immediately.
- All medicines must be collected from the school office by an adult.

5.1 Prescription Medicines

Medicines will only be accepted if they are in-date, labelled clearly with the child's name, provided in an original container (as dispensed by the pharmacist) and include instructions for administration, dosage and storage.

The exception to this is insulin which must be still be in date, clearly labelled and included in an Individual Healthcare Plan but can be accepted inside an insulin pen or pump. **Where the administration of the medicine can be facilitated, a parent/carers must complete an Administering Medicine form 1.**

The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to prescribed dosages, regardless of parental instruction.

If the period of administering medicine is 8 days or more, there must be an Individual Healthcare Plan, excluding inhalers except in cases of acute asthma.

5.2 Non-Prescription Medicines

Non-prescribed medicines will not be administered unless it would be detrimental to the child's health or attendance. This can only be by arrangement with the Headteacher. These include cough sweets, cough medicines, pain killers and skin creams (this list is not exhaustive). When a parent/carer considers non-prescription medication is a requirement for their child they should contact the Headteacher directly, for their request to be considered. If the Headteacher agrees and staff have volunteered to administer or supervise the taking of non-prescription medication, a strict recording system is in place –**Administering Medicine form (Form 1) (completed by the Parent/Carer) and Record of Medicine Administered to an Individual Child Form 3 (completed by school staff).**

If a child suffers regularly from frequent or acute pain the parents/carers will be encouraged to refer the matter to their child's GP.

5.3 Travel sickness medicine

For educational trips and visits, with the agreement of the staff member, school will administer travel sickness medication. Where possible, Parents/Carers should administer the medicine before school. **If the child requires travel sickness medication for the return journey (residential trips) a travel sickness medication form (Form 2) must be completed. All medication must arrive to school in the original packaging.**

5.4 Clinical Decisions

In the absence of clear guidance from a medical professional the school staff **will not** make any clinical decisions with regard to the needs of a pupil unless in extreme circumstances. If necessary, the school will arrange a multi-agency meeting with appropriate healthcare professionals where clear instructions can be obtained and a pupil risk assessment can be determined.

5.5 Administering Medicines:

When administering medicines, members of staff should check:

- The pupil's name
- That there are written instructions provided by the prescriber (or parent in the case of agreed non-prescription medicine)
- The prescribed dose
- The expiry date of the medicine

If there is any doubt about these details, or they have not been provided, then medication should not be given until the full details are known.

Where invasive or intimate treatments are required then the school will seek advice from relevant healthcare professionals.

Under no circumstances will a person employed by the school administer medication if they have not received requisite training or authorisation from the Headteacher. If a pupil is at severe risk because their medication cannot be given, emergency procedures must be followed.

5.6 Self-Management

If a healthcare professional has identified a medical condition where a child needs to carry his/her own medication, this must be specified in the care plan. An exception to this is the use of inhaled 'reliever medications' for asthma, such as Salbutamol. Frequent use may warrant review by the child's medical practitioner. Such self-administration can only be countenanced if parents/carers are fully aware and supportive of a child's self-management, and when it reflects a child's management outside school. **Parents/Carers must complete a Request for Child to Carry their Medicine Form 4.**

5.7 Refusal to Take Medicine

No person can be forced to take medicine should they refuse. If a pupil refuses to take medicine and information provided by the parent/carer and/or GP suggests that the pupil is at great risk if they do not take their medication a parent/carer will be contacted immediately. If, in these circumstances, a parent/carer cannot be contacted medical advice and/or the emergency services will be called.

5.8 Storage of Medicines

The school will only store medicines that have been agreed to be held within the terms of this policy. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Should a medicine require refrigeration it will be stored in the office refrigerator.

5.9 Emergency medicines such as asthma inhalers and epi-pens will not be locked away:

- **In all class rooms, emergency medicines for that specific class are kept in green first aid bags. All staff working within the classrooms are made aware of where these are kept.**
- **The supervising of the taking of inhalers is recorded.**
- **During evacuation/invacuation, trips, outdoor activities and break times, the first aid bag will be carried by a staff member. At lunchtime, the bags will be kept with the lunch time supervisor responsible for the class.**
- **In the school office, any 2nd epi-pens for specific children, 2 emergency epi-pens and an emergency inhaler will be kept in a green first aid bag.**
- **Lunchtime staff are informed where emergency medication is kept for each class.**

Parents will be advised to supply two Epi-pens to minimise the risk to their child if one fails. Non-emergency medicines will be stored securely and not accessible to children. Children will be informed where their own medicines are stored and who is responsible for administering/supervising them. The school will seek advice and training if they are required to store controlled drugs (under the Misuse of Drugs Regulations).

5.10 Disposal of Medicines

Under no circumstances will the school dispose of any prescribed medicine or the container from which it came. The parent/carer of the pupil for whom the medicine was provided will be asked to collect all empty containers, surplus medicines and out-of-date medicines. Any uncollected medicines will be taken to a local pharmacy for safe disposal.

Where there is a requirement for disposal of sharps, sharps boxes will be used for the disposal of needles.

6. Educational Visits and Sporting Activities

Pupils with medical conditions will be encouraged to participate in educational visits, as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

The school will consider what reasonable adjustments might be made to enable children with medical conditions to participate fully and safely on visits.

The school has several additional first aid bags, which can be used on school trips. Additional bags may be carried alongside the main green first aid bag.

Additional measures for educational visits may be deemed necessary, if so these may include:

- Additional staff supervision
- Adaptations for bus or coach seats and entrances
- Provision of secure cool-bags to store medicine
- Provision of properly labelled singled dose sets
- Informing the visit location that a child with a medical condition is in the party (with prior consent from the parent/carer)

When planning educational visits, which will include pupils with medical conditions, all persons supervising the visit will be made aware of those conditions and any emergency procedures that may be needed (with prior consent from the parent/carer). These will be referred to in the trip risk assessment.

If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should, via the Headteacher, seek parental views and medical advice from the School Health Service or the child's GP.

The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Individual Healthcare Plan. Staff supervising sporting activities will be made aware of relevant medical conditions. Arrangements will be made to meet the needs of children who require precautionary measures before or during exercise e.g. inhalers readily available. Where a pupil with a medical condition is participating in a school-led extra-curricular sporting activity, the level of supervision will be assessed and if necessary adjusted to meet their needs.

7. Emergency Procedures

- As part of general risk management processes, we have arrangements in place for dealing with emergency situations
- Guidance for staff on calling an ambulance is included at **Appendix D**.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- Healthcare professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Healthcare Plans will include instructions as to how to manage a child in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisors) will be given appropriate information and advice.

8. Avoiding Unacceptable Practice

Each case will be judged individually but in general the following practices are considered unacceptable:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that pupils with the same condition require the same treatment
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to a medical room or school office alone or with an unsuitable escort if they become ill
- Penalising children with medical conditions for their attendance record where the absences relate to their condition
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips
- Preventing children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

9. Liability & Indemnity

The Governing Body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The Head teacher ensures that all staff have undertaken appropriate training.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

10. Complaints

Complaints should be raised with the school in the first instance. Details of how to make a formal complaint can be found in the school Complaints Policy & Procedures.

11. Risk Assessment and Management Procedures

This policy will operate within the context of our Health and Safety Policy. We will ensure that risks to the health of others are properly controlled. We will provide, where necessary, individual risk assessments for pupils or groups with medical conditions. We will be aware of the health and safety issues relating to dangerous substances and infection.

12. Related Policies & Information

Health & Safety Policy

Special Educational Needs Policy

Health & Safety at Work Act 1974

Misuse of Drugs Act 1971

Medicines Act 1968

Regulation 5 of the School Premises (England) Regulations 2012 (as amended)

The Special Educational needs and Disability Code of Practice

Department for Education: Supporting pupils at school with medical conditions – December 2015

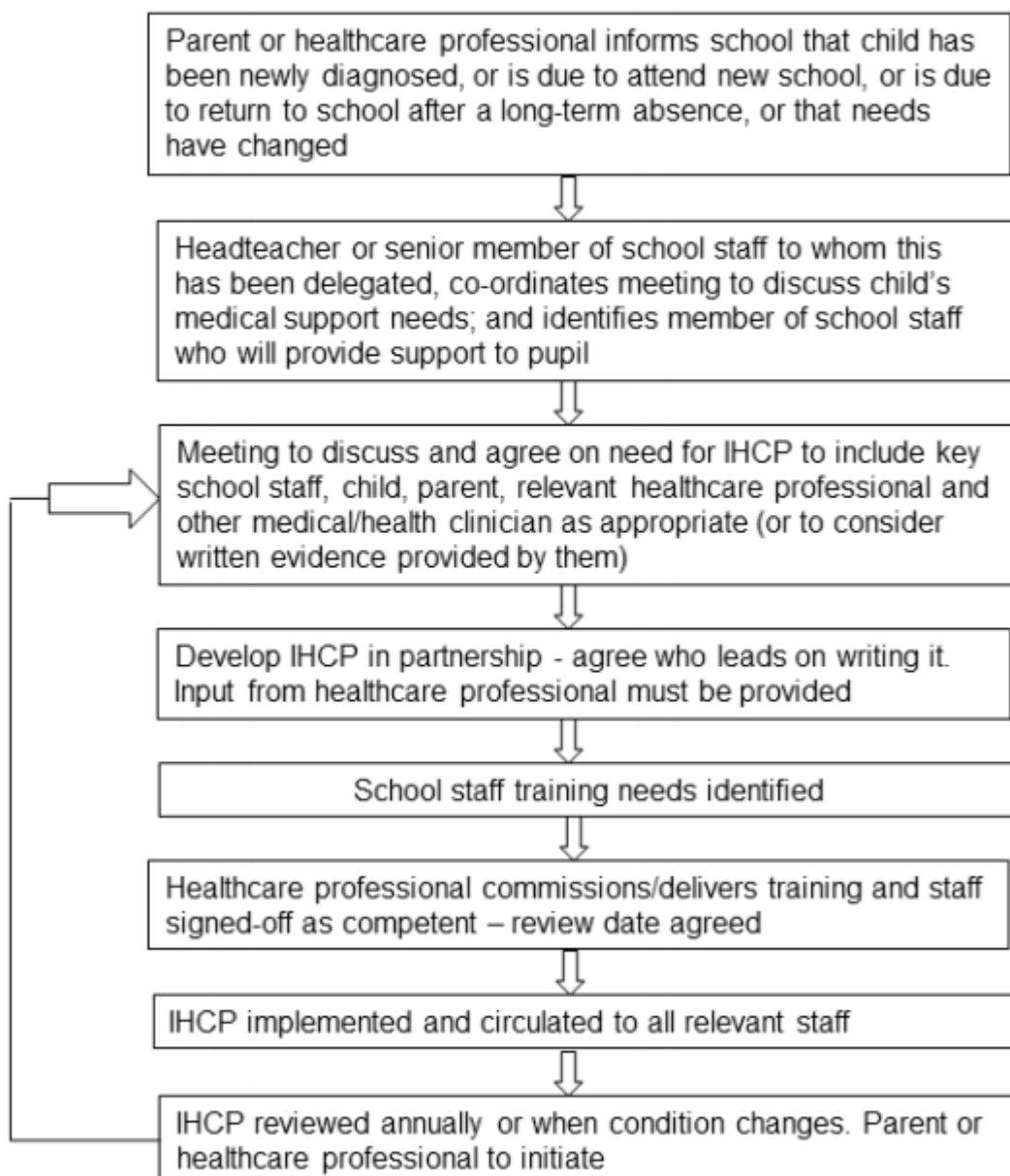
Signed:  Dated: July 2020

Chair of Governors

Appendix A

Model Process for Developing Individual Healthcare Plans

Supporting pupils at school with medical conditions (August 2017)



Appendix B

How to recognise an asthma attack

Department for Health: Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

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HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Appendix C

What to do in the event of an asthma attack

Department for Health: Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix D

Contacting Emergency Services

Managing medicines in schools and Early Years settings. Department for Education and Skills and Department of Health (March 2005)

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Form 1 (2 pages)

Administration of medicines in school

Medicines must be in the original container as dispensed. Use a separate form if more than one medicine is to be given. If the period of administering medicine is 8 days or more, there must be an Individual Healthcare Plan.

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

| | | |
|--|----------------------|--------------------|
| Surname | | Forename(s) |
| Address | DATE OF BIRTH | |
| | CLASS | |
| Condition or Illness | | |
| Medication | | |
| Name/type of medication (as described on container) | | |
| For how long will your child take this medication? | | |
| Full directions for use | | |
| Dosage and amount (as per instructions on container) | | |
| Method | | |
| Timing | | |
| Special storage instructions (explain if medicine should remain in school or return home daily) | | |
| Special precautions | | |
| Side effects | | |
| Self administration | | |
| Action to be taken if pupil refuses to take the medication | | |

| | | |
|---|--|------|
| Procedures to take in an emergency | | |
| Name | | |
| Daytime Telephone No | | |
| Relationship to Pupil | | |
| <p>I understand that I must deliver the medication personally to the school office and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake. I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant. Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.</p> | | |
| Signature | | Date |
| FULL NAME OF PARENT/CARER | | |

Form 2 (1 page)

Request for School to Administer Travel Sickness medication

Travel Sickness Medication

Should your child require travel sickness medication please complete the details below. This form along with the medication should be handed to either the class teacher or school office on the morning of the class visit. Please ensure the medication is clearly labelled with your child's name.

For class visits which involve a morning journey, please ensure that medication is taken at home prior to your child arriving at school.

Details of Pupil

Name

Year group.....

Date of visit.....

Venue

Name of Medication.....

Dosage and Timing (e.g. 2 tablets one hour prior to travelling)

.....

I confirm that my child has taken this medication before and has not suffered any adverse side effects.

Parent Name.....**Signature**.....**Date**.....

Contact Number/s.....

To be completed by Staff Member

Time medication given.....

Dosage.....

Signed.....

Date.....

Please file in Administration of Medicine section after completion.



Form 3

Record of Medicine Administered to an Individual Child

Before you administer medicine, check it has not already been given.

| Date: | Name of child: | Date medicine provided by parent: | Name and strength of medicine: | Dose and frequency of medicine: | Quantity received: | Quantity returned: | Time Given: | Dose Given: | Any reactions? | Administered By (signature): | Witnessed By (signature) : |
|-------|----------------|-----------------------------------|--------------------------------|---------------------------------|--------------------|--------------------|-------------|-------------|----------------|------------------------------|----------------------------|
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Form 4 (2 pages)

Request for Child to Carry their Medicine

For use only when this requirement has been advised by a healthcare professional and this has been confirmed to the school.

This form must be completed by parent / carer.

A child should only carry their own medicine if they are able to administer the medicine independently.

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

| | | | |
|---|--|----------------------------------|--------------|
| Child's name: | | Date of birth | |
| Medical condition / illness: | | | |
| Name / type of medicine: | | Date dispensed: | Expiry date: |
| How to give (dosage and method): | | | |
| Special instructions / precautions: | | | |
| Side effects for us to know about? | | | |
| Procedures to take in an emergency: | | | |
| Emergency contact details: Name: Phone: Relationship to child: | | Name and telephone number of GP: | |

I would like my child to keep his / her medicine on him / her for use as necessary.

Signature(s)..... (Parent/Carer)

Date.....

School Agreement for Child to Carry their Own Medicine

To be completed by staff member as delegated by Headteacher:

Agreed in accordance with the information provided by the parent/carers and healthcare professionals.

Signature..... Print name.....

Date.....



Form 5

Notification of the use of an inhaler

If a child uses their inhaler, the following form will be sent home with the child on the day of use. It is the Parents/Carers responsibility to ensure that the inhaler in school has not expired and to contact their GP/Asthma Nurse if they are concerned about their child's asthma. School will contact Parents/Carers if they have concerns about the increase of inhaler use.

