

**TATTINGSTONE CEVCP SCHOOL**

**WHOLE SCHOOL POLICY FOR MANAGING MEDICAL CONDITIONS**

**Agreed Spring 2019**

**Reviewed Autumn 2023**

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Managing Medical Conditions Policy

1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of Tattingstone CEVC Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up following the guidelines issued by Suffolk County Council and complies with Department for Education guidelines for ‘Supporting pupils at School with Medical Conditions (2014). Section 100 of the Children and Families Act 2014 places a duty ongoverning bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. Any information passed to the school regarding a child’s medical history will be kept confidential and only shared with those who need to know.

2. GENERAL POLICY STATEMENT

* 1. The Governors have adopted the Guidelines issued by Suffolk County Council in relation to Medication in Schools. These guidelines are more comprehensive and detailed than this policy statement and should be referred to for more information. This policy is also based on the assumption, that parents/carers have notified the school of all physical or mental medical conditions or needs.

* 1. Parents are responsible for any medicines their children may need (the school may support the administration of some medicines on request see 5 and 6 below).
  2. If a child's health needs are likely to affect their normal participation in school life, then it is the responsibility of the parents to inform the school of this fact. This should be done on the admission form when applying to the school, or for subsequent developments, by letter.
  3. All staff are expected to be responsible for the care of the children's health in the school. As such staff would be expected to exhibit the same level of response as would be expected of a careful and prudent parent in similar circumstances.
  4. The Premises committee of the Governing Body, together with the Headteacher, are responsible for ensuring that this Policy and Guidelines are implemented and adhered to.
  5. All supply staff and visitors who will be working with children must be made aware by the Headteacher or, in her absence, senior teacher, about where to locate a copy of details of children with specific ongoing medical needs and any procedures or plans in place to cover those needs.

3. RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child’s health and should provide the school with up to date information about their child’s medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan (form A), which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in ‘loco parentis’, that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication.

Staff will have access to information on pupils’ medical conditions and actions to take in an emergency.

Staff managing the administration of medicines and those who administer medicines, for a specific condition, will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

d) Staff Indemnity

When staff are responsible for care and control of the children of others then they must take the same care that a reasonable, prudent and careful parent would take in the same circumstances.

The staff are fully indemnified by Suffolk County Council for claims of negligence or other liability providing that they are working within the scope of their employment. As the administration of medicines is considered to be the act of taking reasonable care of the pupil, staff agreeing to administer medicines are protected by Suffolk County Council who will meet all costs should a claim of negligence be successful.

e) Home to school transport is the responsibility of local authorities, who may find it helpful to be aware of a pupil’s individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life threatening conditions, which would be separate to the individual healthcare plan referred to within this document.

4. PRESCRIBED MEDICINES

1. Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child’s health if the medicine were not administered during the school day. Medicines prescribed ‘three times a day’ should be administered – before school, after school and at night.
2. Following completion of Form B, including signed legal disclaimer, prescribed medicines will only be administered once during the school day. However, parents and carers are encouraged into school to administer medication if they so desire.
3. Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.
4. This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil’s name, prescriber’s instructions for administration and dosage.

5. NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission (Form B) from parents in extreme circumstances. Parents must confirm that the medicine has been previously administered without adverse effect and the disclaimer on Form B must be signed.

Staff will **never** administer medicines containing **aspirin unless prescribed by a doctor.**

Staff will **never** administer medication containing **ibuprofen** to children who are **asthmatic.**

**Tattingstone CEVC Primary School will only accept medicines that are presented in the original container, with the pupil’s name, date of birth, instructions for administration and dosage clearly marked.**

6. ADMINISTERING MEDICINES

1. This school recognises no child under 16 should be given medicines without their parent’s written consent, using Form B.

If in **doubt** about any procedure, staff **will not** administer the medicine before checking with parents or a health professional before taking further action.

1. A written record must be kept following administration of medicines to pupils, using the relevant section on Form B.
2. If a child refuses to take a medicine, staff **will not** force them to do so, but will record this on Form B and parents/carers will be notified of the refusal.

7. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child’s parents or guardians using Form A. The school will keep a record of the medication administered using Form C (**record of medicine administered to an individual child)** or health care format, such as an insulin diary, agreed at a health care plan meeting

8. RECORD KEEPING

1. Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber’s instructions.

Requests for staff to administer medication should be written on Form B.

Completed forms should be kept in the school office and referred to when administering medication. When medication has been administered the relevant section of Form B and the general record sheet for administering medicines (Form D) must be completed by staff; then refiled in the school office. If a child refuses medication, this must be recorded on both forms and parents should be notified.

1. Requests for updated medical information including asthma, are distributed to parents at the beginning of each school year. These are collated by the school office. All staff have access to this information and actions to take in an emergency.
2. Children with food allergies have their photographs and details displayed in each classroom, the dining hall and the staff room and each classroom to ensure that food products are safe for children.
3. Updated medical conditions and reviews of policies and practice are monitored and disseminated by the relevant Governing body.

9. STORING MEDICINES

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist’s original container and clearly labelled with the child’s name, the dosage and instructions for administration. For safety reasons, this medication will be stored in the staffroom locked cupboard or staffroom refrigerator, rather than those in the classrooms.

b) Non-emergency prescribed medication is stored with the consent Form B in the in a locked cupboard in the staffroom. Medication requiring refrigeration is stored in the school fridge which is situated in the staffroom.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher’s cupboard. Children should know where their medicines are stored; they should not be locked away.

d) Parents are ultimately responsible for checking expiry dates on their children’s medicines and replacing or disposing as necessary.

10. DISPOSAL OF MEDICINES

a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year.

b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child’s GP and return to a pharmacy for safe disposal.

11. EMERGENCY PROCEDURES

a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.

b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.

c) All staff know how to call the emergency services; guidance is displayed by every telephone with an outside line.

1. In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.
2. Emergency procedures are carried out in accordance with the details covered in the First Aid section of the Health and Safety and Welfare policy.

12. EDUCATIONAL VISITS

a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil’s current general health and medication. Prescribed medication will be administered, providing parents have completed Form B. Parents are invited to provide written consent to enable staff to act ‘in loco parentis’ and administer paracetamol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.

c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

13. STAFF TRAINING

a) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

b) Tattingstone CEVC School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years. The school will provide the relevant/appropriate training, where specialist training is required for specific medical conditions, if not provided by the LA.

14. COMMON MEDICAL CONDITIONS

14.1 ASTHMA – To be read alongside ‘The Suffolk Schools Asthma Guide’ (2011)

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

1. Parents have a duty to inform staff if their child is asthmatic. Parents are advised to speak to their child’s doctor or asthma nurse to find out if a reliever inhaler is required in school. If a reliever inhaler is required, it is the responsibility of the parent to obtain an inhaler, and any necessary delivery devices, that can be left in school. All inhalers and delivery devices must be labelled with the pupil, date of birth and class name. These should be kept in an assigned container within the teacher’s named bag and accompany the child if they are educated outside the school premises (P.E. lessons, performances, school trips, etc).
2. The parent should make the school aware when their child is using their preventative or reliever inhaler more obtain at home, or if their child has any conditions which are impacting on their ability to breath.
3. If parents make the school aware of common symptoms leading up to an asthma attack for a child, these must be recorded in an individual risk assessment that is reviewed and transfers with the child as they move through the school.
4. Parents must insist upon being given an individual asthma plan by their doctor or asthma nurse, they must provide a copy for the school, and any updated plans.
5. A child with asthma must be allowed to take time out of a physical activity if they become out of breath, have access to their reliever inhaler and be able to return to the lesson when they feel well enough to continue.
6. Children with asthma must have immediate access to reliever inhalers when they need them and know where they are kept. A delivery device, such as a spacer, may be required and the pupil may need support to use this. It is rare for a child to need steroids during the school day, and as these are normally given at the start of the day, it is **extremely** rare for a school to administer these tablets.

g) A record sheet to record the frequency of an inhaler use can be found in each class medical folder. This should be completed for all Reception, KS1 and KS2 children where usage exceeds normal daily administration.

h) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

i) Pupils with asthma are listed in the school Asthma Register, found in class medical folders.

j) Leaders of ‘after school clubs’ are notified on club registers if a member is asthmatic.

14.2 EPILEPSY, ANAPHYLAXIS, CANCER AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment, ideally prior to the child starting at the school. An individual health care plan will usually be compiled, detailing the course of action to be taken. The school will maintain the agreed recording format, as identified by health professional during their initial training.

14.3 HEAD INJURIES

Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed and sent home with the routine accident record slip.

15. COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school’s complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Initiated: January 2017

Date of next review: October 2024

Appendix

Form A: individual healthcare plan

Form B: parental agreement for setting to administer medicine

Form C: record of medicine administered to an individual child

Form D: record of medicine administered to all children

Form E: request for child to carry his/her own medicine

Form F: staff training record – administration of medicines

Form G: contacting emergency services

Form H: model letter inviting parents to contribute to individual healthcare plan development

**Form A: individual healthcare plan**

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| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Child’s name |  | | | |
| Group/class/form |  | | | |
| 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. |  | | | |

|  |  |
| --- | --- |
| Who is responsible for providing support in school |  |

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

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| --- |
|  |

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

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|  |

Daily care requirements

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|  |

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

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| --- |
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Arrangements for school visits/trips etc

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|  |

Other information

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|  |

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

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|  |

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

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|  |

Plan developed with

|  |
| --- |
|  |

Staff training needed/undertaken – who, what, when

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| --- |
|  |

Form copied to

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|  |

Form B: parental agreement for setting to administer medicine

REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

Tattingstone CEVC Primary School can only administer your child’s medicine when this form has been completed and signed. The head teacher will need to agree to school staff administering the medication outlined by you below. Please ensure you have included the name of the medicine, administration directions, timing of dosage and size of dosage on this form.

**Tattingstone CEVC Primary School will only accept medicines that are presented in the original container, with the pupil’s name, date of birth, instructions for administration and dosage clearly marked.**

DETAILS OF PUPIL

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forenames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male/Female Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION

Condition or illness requiring medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date dispensed (if prescribed by a health professional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions for use

Dosage and method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Precautions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child been given the medication previously? Yes/No

Side Effects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this medication self-administration? Yes/No

Procedure to follow in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please be aware that it is school procedure to ring 999 first, if your child shows signs of struggling for breath or loses consciousness)

CONTACT DETAILS OF THE FIRST POINT OF CONTACT

Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime telephone numbers:

Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different to child):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s doctor/dentist has prescribed the above medication/I wish the school to administer the above medication, for treatment of the condition outlined, as without treatment I feel the condition will impact on my child’s education. (Delete as appropriate)

I understand that I must deliver the medication personally to an agreed member of staff.

I accept that this is a service which the school is not obliged to undertake.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone acting on her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of medicine administered

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

**Form C: record of medicine administered to an individual child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date medicine provided by parent |  |  |  |  |
| Group/class/form |  | | | |
| Quantity received |  | | | |
| Name and strength of medicine |  | | | |
| Expiry date |  |  |  |  |
| Quantity returned |  | | | |
| Dose and frequency of medicine |  | | | |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

**C: Record of medicine administered to an individual child (Continued)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

**Form D: record of medicine administered to all children**

|  |  |
| --- | --- |
| Name of school/setting |  |

Date Child’s name Time Name of Dose given Any reactions Signature Print name

medicine of staff

|  |  |  |  |  |  |  |  |
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**FORM E Request for child to carry his/her own medicine**

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting

|  |
| --- |
|  |

Child’s name

|  |
| --- |
|  |

Group/class/form

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

Name of medicine

|  |
| --- |
|  |

Procedures to be taken in an emergency

|  |
| --- |
|  |

Contact Information

Name

|  |
| --- |
|  |

Daytime phone no.

|  |
| --- |
|  |

Relationship to child

|  |
| --- |
|  |

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

Signed

Date

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

**Form F: staff training record – administration of medicines**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name |  | | | |
| Type of training received |  | | | |
| Date of training completed |  |  |  |  |
| Training provided by |  | | | |
| Profession and title |  | | | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

**Form G: contacting emergency services**

**A copy of this form will be placed by every telephone with an outside line in the school.**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

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

1. School telephone number: 01473 328488
2. your name
3. your location as follows: Tattingstone CEVC Primary School, Church Road, Tattingstone
4. state what the postcode is IP9 2NA (please note that postcodes for satellite navigation systems may differ from the postal code)
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

**Form H: model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan Form and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely