



# Medical Conditions in School Policy

Date Approved by Committee	November 2021
Next Review Date by Committee	January 2023

Waterhouses CE  
Primary Academy

This Policy includes the school's guidance and procedures for Medicines in School and Individual Healthcare Plans (IHCPs). This policy complements the QEGSMAT Medical Conditions and First Aid Policy.

Designated Person: David Wood - Headteacher

Designated Link Governor: Judith Johnson

***'Celebrate Learning, Achievement and Friendship in God's Love'***

**Related policies: First Aid Policy, Asthma Policy, Health & Safety Policy, All Age Personal Care Policy, Sick Child Policy**

## **Policy Statement**

At Waterhouses CE Primary Academy we are an inclusive community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at school.

**We will help to ensure they can through the following:**

- This school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency. ([appendix 1](#))
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
- Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHCP). ([appendix 2](#))

NB The School Nurse or other health care professional may provide another appropriate IHCP template.

## **1. This school is an inclusive community that aims to support and welcome pupils with medical conditions**

a) This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

b) This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

c) Pupils with medical conditions are encouraged to take control of their condition.

d) This school aims to include all pupils with medical conditions in all school activities.

- e) Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- f) The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g) All staff have access to information about what to do in an emergency.
- h) This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i) All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive regular updates. The Headteacher is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the School requests.
- j) The medical conditions policy is reviewed annually, understood and followed by the whole school and local health community.

## **2) The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation**

- a) Pupils are informed about the medical conditions policy in personal, social and health education (PSHE) classes.
- b) Parent/carers are informed about the medical conditions policy:
  - by signposting access to the policy.
  - via the school's website, where it is available all year round.
- c) School staff are informed and regularly reminded about the school's medical conditions policy:
  - at staff meetings and by accessing the school's website
  - through scheduled medical conditions updates
  - all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
  - Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

### **3. All staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.**

- a) All staff at this school are aware of the most common serious medical conditions at this school.
- b) Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c) All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year.
- d) Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms and the staff room.
- e) If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The school tries to ensure that the staff member will be one the pupil knows.

### **4. The school has clear guidance on the administration of medication at school.**

#### **Administration – emergency medication**

- a) This school will seek to ensure that pupils with medical conditions have easy and safe access to their emergency medication.
- b) This school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

#### **Administration – general**

- c) This school understands the importance of medication being administered at school when it would be detrimental to a child's health or school attendance not to do so.
- d) All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. A record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom is kept. (appendix 3) Any side effects of the medication being administered at school are noted. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child and parent/carer if it is appropriate to do so.
- e) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f) Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but **only with the written consent of the pupil's parent/carer**. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, parents/carers should obtain a 'Parental Agreement for school to administer medicine' form from the school office. (appendix 4)
- g) In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Healthcare Plan.

h) Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

i) If a pupil at this school refuses their medication, staff will record this and follow procedures. Parents/carers are informed as soon as possible.

j) All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

k) If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

l) If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing Accident and Emergency if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

## **5. This school has clear guidance on the storage of medication at school**

### **Safe storage - emergency medication**

a) Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities.

### **Safe storage - non-emergency medication**

c) All non-emergency medication is kept in a secure place, in a cool dry place. Pupils with medical conditions know where their medication is stored at all times and how to access it immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.

d) Staff ensure that medication is accessible only to those for whom it is prescribed. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only the named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

### **Safe storage - general**

e) This school has an identified member of staff/designated person who ensures the correct storage of medication at school. At this school it is: **Mrs Alison Bradbury**. In the absence of Mrs Bradbury, this person will be the headteacher.

g) The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year) and this is always documented.

h) The identified member of staff, along with the parents/carers of pupils with medical conditions must ensure that all emergency and non-emergency medication brought in to school is in-date, labelled, provided in the

original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

k) Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils

l) All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

m) It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this on the first day of the new academic year.

### **Safe disposal**

n) Parents/carers at this school are asked to collect out-of-date medication.

o) If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

p) Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

q) If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent.

r) Collection and disposal of sharps boxes is arranged with the parents/carers or the local authority's environmental services.

## **6. This school has clear guidance about record keeping for pupils with medical conditions**

a) Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

b) When notification is received that a pupil has a medical condition, a clear procedure is followed. This is shown in the flow chart ([appendix 5](#))

### **Individual Healthcare Plans (IHCs)**

c) Individual Healthcare Plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans are drawn up with input from such professionals eg a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans need to be reviewed at least annually or earlier if the child's needs change. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

**d) When identifying what information plans should record, the following is considered:**

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessment
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements.

#### **School Individual Healthcare Plan register**

e) Individual Healthcare Plans are used to create a centralised register of pupils with complex health needs. The designated person has responsibility for the register at this school. The child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system whenever necessary.

f) The designated person follows up with the parents/carers and health professional if further detail on a pupil's Individual Healthcare Plan is required or if permission or administration of medication is unclear or incomplete.

#### **Ongoing communication and review of Individual Health Plans**

g) Parents/carers at this school are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a review date.

#### **Storage and access to Individual Health Plans**

h) Parents/carers are provided with a copy of the pupil's current agreed Individual Healthcare Plan.

i) Specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Plans. These copies are updated at the same time as a central copy.

j) This school informs parents/carers that the Individual Healthcare Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the Individual Healthcare Plan.

k) The information in the Individual Healthcare Plan will remain confidential unless needed in an emergency.

## **Residential visits**

- l) Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- m) All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's individual health plan.
- n) All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

## **Record of Awareness Raising Updates and Training**

- o) This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.
- p) All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training, it is the school's responsibility to arrange this.
- q) The school risk assesses the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.

## **7. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

### **Physical environment**

- a) This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- b) This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

### **Social interactions**

- c) This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- d) All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- e) Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.



## **Exercise and physical activity**

- f) This school understands the importance of all pupils taking part in sports, games and activities and seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- g) This school seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- h) Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities. They are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
- i) This school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- j) This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

## **Education and learning**

- k) This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- l) Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.
- m) Pupils at this school learn how to respond to common medical conditions.

## **Risk Assessments**

- n) Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.

## **8. This school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.**

- a) This school is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b) School staff are updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.



## 9. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical.

- **Governing bodies** - must make arrangements to support pupils with medical conditions in school.
- **Head teachers** - should ensure that this policy is effectively implemented with partners. They should also ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- **School staff** - any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Governing bodies should ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- **School nurse** or other qualified healthcare professional - this role is critical. Every school should be allocated a school nurse. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan
- **GPs and paediatricians** (or other appropriate healthcare professional) - should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- **Local authorities** - are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.
- **Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
- **Pupils** - will often be best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- **Parents/Carers** - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and should be involved in the development and review of their child's individual healthcare plan
- **Ofsted** - Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

### The role of the Governing body

- The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- The governing body should ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively.
- In addition, and in line with their safeguarding duties, governing bodies should not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

### **Unacceptable practice**

Governing bodies should ensure that school policies are explicit about what practice is not acceptable. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

### **Liability and indemnity**

The Trust is responsible for ensuring the appropriate level of insurance is in place.

### **Complaints procedure**

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the Trust's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Further sources of information and relevant legislation**

Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2014. These acts make it unlawful for service providers, including schools,

to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

Further advice and guidance may be found at:

- [Diabetes UK](#) - supports and campaigns for those affected by or at risk of diabetes
- [Children's Heart Federation](#) - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [ERIC](#) (Education and Resources for Improving Childhood Continence) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- [The Association of Young People with ME](#) - supports and informs children and young people with ME/CFS, as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma

## Appendix 1

### Contacting emergency services

**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. your telephone number - 01538 308356
2. your name
3. your location as follows -

Waterhouses CE (VC) Primary School,

Waterfall Lane,

Waterhouses,

Stoke-on-Trent

4. State what the postcode is - ST10 3HT
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a 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.

## Individual healthcare plan- Appendix 2

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

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

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



# Record of medicine administered to an individual child- Appendix 3

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


# Parental agreement for school to administer medicine- Appendix 4

**Waterhouses CE (VC) Primary School** will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 5

