

Lache Primary School Administration of Medicine



Lache Primary School
Approved by *Governors*: Summer 2019
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Administration of Medicines Policy

Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

Staff Duties

School staff have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

Process for the Administration of Medicines in School - short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container
- Containers with labelling identifying the child by name and with original instructions for administration

(For use of inhalers see Asthma Policy)

The school will not accept or administer:

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after 3:00pm, or attending a residential visit)
- Piriton
- Paracetamol eg Calpol

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person. The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

When administering, the named adult must complete a record (appendix a) showing

the date and time and details/dosage of the medication. This must be counter-signed by another adult.

In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

Under no circumstances should a parent send a child to school with any medicines, eg throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer.

Process for the Administration of Medicines in School - long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the school nurse and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.

It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned. There will also be regular training for all staff on more generalised needs eg asthma awareness and epi-pen training.

Process for the Administration of Medicines during residential visits- all medical needs.

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

In the case of higher levels of care eg intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

HEALTH AND SAFETY GUIDANCE NOTE



THE ADMINISTRATION OF MEDICINES IN EDUCATIONAL ESTABLISHMENTS

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The Administration of Medicines in Educational Establishments

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1. INTRODUCTION

- 1.1 All Governing bodies, Headteachers and Managers must make arrangements for supporting pupils in their establishment with medical conditions. They should follow the guidance in this document which has been drawn up in accordance with the DfE statutory guidance 'Supporting Pupils at School with Medical Conditions' (September 2014).
- 1.2 All educational establishments should have a policy, procedures and suitable arrangements in place to ensure that individuals with medical needs are properly supported so that they can play a full and active role in school life and achieve their academic potential.
- 1.3 Most young people will at sometime have short-term medical needs e.g. finishing a course of antibiotics. Some young people will also have longer term, more complex medical needs and may require medicines or on-going support to help manage their condition and stay healthy. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection or those with severe asthma may have a need for inhalers or additional doses during an attack.
- 1.4 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.
- 1.5 In most cases young people with medical needs can attend school and receive full access to education (the entire curriculum, including PE, food Technology, Design and Technology and school trips etc.) but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An Individual Health Care Plan (IHCP) can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk.
- 1.6 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A schools ability to provide effective support will depend on working co-operatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate social care professionals), local authorities and parents and pupils is critical.
- 1.7 Parents have the prime responsibility for their child's health and should provide schools with sufficient and up to date information about their child's medical needs. Parents should be involved in the development and review of their child's Individual Health Care Plans (IHCP) where one is considered appropriate. They should carry out any action they have agreed e.g. providing medicines and equipment or notifying any changes in a timely manner and ensuring they or another nominated adult are contactable at all times.

- 1.8 In the case of foster care placements, Cheshire West and Chester employees when completing placement plans and agreements, should discuss medication issues with the parent/guardian and have this documented. The parents will generally maintain parental responsibility and will need to be consulted to give consent for medication being given. Where Cheshire West and Chester has joint parental responsibility, consent procedures should be clearly documented. Schools should liaise with the pupil's Social Worker regarding the details of what routine medical treatment the foster carer can consent to under delegated authority and the specific consent the school needs to seek from Children's Social Care and the parents.
- 1.9 No child should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- 1.10 In line with their safeguarding duties, Governing bodies, Headteachers and Managers should ensure that a pupils' health is not put at risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 1.11 School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Please see paragraphs 3.24 – 3.33 for further information on training.

2. DEVELOPING A SCHOOL'S MEDICINES POLICY

- 2.1 Educational establishments should develop a policy and associated procedures for the administration of medicines that aims to enable regular attendance. The policy needs to be clear and should be made available to all staff, parents and young people.
- 2.2 The school policy should cover the following:-
- A named person who has overall responsibility for the policy implementation
 - A commitment that all relevant staff will be made aware of a child's medical condition
 - A clear statement on parental responsibility in respect of their child's medical needs
 - The need for prior written agreement from parents for any medicines to be administered
 - Procedures for managing prescription medicines which need to be taken during the school day

- The circumstances in which young people may take non-prescription medicines
- Risk assessment and management processes
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines, including suitable cover arrangements in case of staff absence etc. to ensure someone is always available.
- Suitable, appropriate and timely staff training in dealing with medical needs
- Safe storage of medicines
- Record keeping
- The school policy on assisting young people with long-term or complex medical needs, including Individual Health Care Plans (IHCP)
- Policy on young people carrying and taking their medicines themselves
- Access to school's emergency procedures
- Procedures for managing prescription medicines on school visits and trips and any other activities outside the normal timetable
- Who parents should liaise with regarding medicines management

2.3 This policy should be reviewed at annually, more often if changes occur.

3. MANAGING MEDICINES ON SCHOOL PREMISES

3.1 The following guidance should be observed in cases where medicines are administered within educational establishments:-

3.2 The Headteacher is ultimately responsible for developing a policy and detailing practices for administration of medicines in their school and to ensure that all parents and staff are aware of the procedures.

3.3 Medicines should only be administered in educational establishments when it would be detrimental to a child's health or school attendance not to do so. Where possible, parents/carers should be encouraged to discuss with the prescriber the suitability of medicines being prescribed in dose frequencies which enable them to be taken outside school hours.

3.4 In certain circumstances (e.g. one-off occasions) it may be preferable that parents, or their nominee, administer medicines to their children, this could be effected by the young person going home during a suitable break or the parent visiting the school. However this may not always be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school.

3.5 Each request for medicine to be administered to a young person in school should be considered on an individual basis. Where it is thought necessary for medicines to be administered the Headteacher or Manager should ensure that their school policy and these guidelines are followed carefully.

- 3.6 No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- 3.7 The school must receive a written request from the parent giving clear instructions regarding how to administer the required dosage. A doctor's (or Health Professional's) note should also be received to the effect that it is necessary for the medicine to be administered during school hours. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Appendix 1 for a typical request form).
- 3.8 School staff should be aware of, and must take into account the needs of pupils with medical conditions that they teach. There is no legal duty that requires school teaching staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. Many schools are developing roles for support staff that build the administration of medicines into their core job description.
- 3.9 The school should also consider the requirements for whole school awareness training so that all staff are aware of the school's policy and individual roles and responsibilities.

Prescribed Medicines

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

Non- Prescribed Medicines

- 3.11 The school policy should detail if the school is prepared to administer non-prescribed medicines. If non-prescribed medication is administered by the school, specific members of staff should be authorised to issue the medication, keeping a record of students' name, time, date, dose given and the reason. Parents should be informed of any doses given. A young person under 16 should never be given aspirin or medication containing ibuprofen unless prescribed by a medical practitioner.
- 3.12 Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect

should be recorded in the written agreement for the school/setting to administer medicine. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Appendix 2 and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

- 3.13 The school's medication policy should detail whether the school is prepared to administer non-prescribed pain relief drugs e.g. paracetamol. Pain relief drugs should only be given to children under the age of 16 when parents have given prior written permission. Medication should never be administered without first checking the maximum dosage and when any previous medication was taken. In these circumstances, specific members of staff should be authorised to issue the medication, keeping a record of child's name, time, date, dose given and the reason. Parents should be informed of any doses given.
- 3.14 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent as specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in the Cheshire West and Chester guidance note 'Educational Visits and Overnight Stays'.

Delivery, Receipt and Storage Arrangements

- 3.15 Medicines should only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and include the young person's name, instructions for the administration, dosage and storage arrangements. The label on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin which still must be in date but will be generally supplied in a pen or pump rather than its original container.
- 3.16 It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the Headteacher or another nominated responsible person by the parent or carer.
- 3.17 Medication should be stored safely and away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be readily available and not locked away.
- 3.18 Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required.
- 3.19 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container, clearly labeled and kept in the main body of the fridge to reduce temperature fluctuations. There should be restricted access to refrigerators holding medicines.

- 3.20 In the event of storage of a controlled drug the storage container should be secured to a wall. Only named staff should have access to the medication. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 3.21 Where individuals have an Individual Health Care Plan (IHCP) this should detail where their medication will be kept in the event of an emergency and for day-to-day use.
- 3.22 A young person should know where their own medicines are being stored and who holds the key.
- 3.23 It is recommended that the master file of parental consent and record of administration forms is kept in close proximity to the medication store for ease of reference.

Training and Instruction

- 3.24 Schools must ensure that they have robust systems in place to manage medicines safety. Staff who are responsible for the administration of medicines should be fully aware of the school's policy and procedures and have received suitable training (including refresher training) to achieve the necessary level of competency and feel confident in their ability before they take on responsibility to support children with medical conditions.
- 3.25 The level of staff training is dependent upon the amount of support they may be required to administer. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient. In other circumstances, for example, where a child is has a Health care Plan, more specific training will be required.
- 3.26 The policy should consider the requirements for whole school awareness training so that all staff are aware of the school's policy and individual roles and responsibilities.
- 3.27 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 3.28 For those pupils with an Individual Health care Plan (IHCP) it is ultimately for the school to decide the level of training required - having taken into consideration the view of Healthcare Professionals and parents and this should be documented in the IHCP.
- 3.29 A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 3.30 Schools should ensure suitable cover arrangements are in place in case of staff absence to ensure someone is always available to administer the medication.

- 3.31 The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They may provide specific advice, but should not be the sole trainer.
- 3.32 Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra support.
- 3.33 School Managers and Headteachers may wish to develop a link with their local community pharmacist. This 'buddying-up' arrangement is intended to give immediate access to professional advice about their medicines.

Record Keeping

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

Self-Management of Medicines

- 3.36 It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and the young person, the appropriate time to make this transition. This should be recorded in the young person's Individual Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.
- 3.37 If a child refuses to take a medicine or carry out a necessary procedure, staff should not force them to do so (see 3.35 above), but follow the procedure agreed in the Individual Health Care Plan, where one exists.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

- 3.38 Controlled drugs are a special category of medicines which are subject to separate legislation which defines how they should be prescribed stored and administered. Examples are morphine, diamorphine and methylphenidate (also known as Ritalin). They are subject to special legislation because they are either extremely toxic or subject to misuse or both.
- 3.39 A nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.
- 3.40 Schools must keep controlled drugs in a separate, fixed, locked cupboard and only named staff should have access. A record of every administration should be kept along with the number of tablets/ volume of drugs received. The record book should always be available for external inspection.

Emergency Procedures

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

Educational Visits

- 3.43 Schools should consider what reasonable adjustments they may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan (that details arrangements for the medicines management) should be available during the visit and this will be beneficial in the event of an emergency.
- 3.44 If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

- 3.45 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form which is available in Appendix 6 of the Educational Visits and Overnight Stays' guidance note.

Disposal of Medicines

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

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

- 4.1 Individual Health Care Plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when a health care plan is appropriate. An IHCP should be reviewed at least annually, more frequently if changes occur.
- 4.2 The format of individual IHCP's may vary but should capture the key information and actions that are required to support the child. The level of detail will depend on the complexity of the child's condition and the degree of support required. A sample IHCP is provided in Appendix 3.
- 4.3 The IHCP should be drawn up in partnership between the school, parents and a relevant healthcare professional, for example a consultant or nurse specialist. Pupils should also be involved whenever appropriate.

4.4 The IHCP should consider the following:

- The medical condition – its triggers, signs, symptoms and treatments;
- the student's resulting needs including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where it is used to manage their condition), dietary requirements and environmental issues e.g.: crowded corridors, travel time between lessons;
- Specific support for the student's educational, social and emotional needs (e.g.: how will absences be managed, requirements for extra time to complete exams, use of rest periods, counselling sessions);
- The level of support needed including in emergencies. If a student is self-medicating this must be clearly stated;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional and cover arrangements;
- Who needs to be aware of the student's condition and the support required;
- Arrangements for written permission from parents for medication either to be administered by a member of staff or the student;
- Separate arrangements or procedures for school trips or other school activities outside the normal school timetable;
- If there are confidentiality issues, the designated individuals to be entrusted with the information;
- What to do in an emergency including whom to contact and contingency arrangements.

4.5 Staff should not give prescription medicines or undertake health care procedures without suitable training (see paragraphs 3.23 -3.34 above). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupils individual health care plan. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Home-to-establishment Transport

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

5 COMMON CONDITIONS AND PRACTICAL ADVICE

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

Asthma - www.asthma.org.uk

Epilepsy - www.epilepsy.org.uk
http://www/Services/Education/INTRANET/hsm/epilepsyaction_schools_policy.pdf

Diabetes - www.diabetes.org.uk

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

6. RELATED PUBLICATIONS

DfES Publications (www.gov.uk/government/publications):-

- Supporting pupils at school with medical conditions
- Templates - Supporting pupils at school with medical conditions
- The Early Years Foundation Stage
- Special Educational Needs and Disability Code of Practice

Public Health England

Guidance on infection control in schools and other childcare settings:-

- www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

APPENDIX ONE

SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that (Full name of child) be given the following medicine(s) while at school:

Date of birth Group/class/form

Medical condition/ illness/allergy

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

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

Other instructions/Special precautions e.g. to be taken with/before/after food
.....

Are there any side effects that the establishment needs to know about?
.....

Time most recent medication administered.....

Procedures to take in an emergency
.....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name
(Parent/Guardian)

Date.....

Daytime telephone number

Address

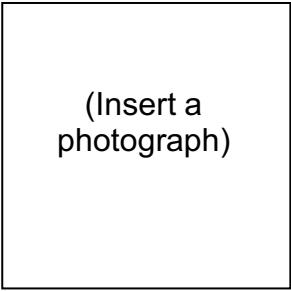
.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

APPENDIX THREE

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
INDIVIDUAL HEALTH CARE PLAN**



SCHOOL

Young person's name

Date of birthGroup/class/form

Young person's address
.....
.....

Medical diagnosis/condition/allergy.....
.....

DateReview date

Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.
G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.
.....
.....
.....
.....

Medicines to be kept in
.....

Daily care requirements (e.g. before sport/at lunchtime).

.....

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.....

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

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Follow up care.

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.....

.....

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

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Form copied to:

.....

.....

.....

.....

APPENDIX FOUR

PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINES

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry Date _____

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

Last dose administered _____

When to be given _____

Any other instructions e.g. allergies _____

Number of tablets/quantity to be
Given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult
Contact _____

Name and phone no. of GP _____

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

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.

Parent's signature: _____ Print Name: _____

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

