

# THE STOKE POGES SCHOOL

## Supporting Pupils with Medical Conditions

<b>Governors Committee Responsible for the Policy</b>	Finance, Personnel and Resources Committee
<b>Date Reviewed</b>	September 2019
<b>Recommended Review Period</b>	Biennial
<b>Date of Next Review</b>	September 2021
<b>Person Responsible for the Policy</b>	Headteacher
<b>Trained Responsible Person</b>	Lea Fetherston

### 1 INTRODUCTION

- The Governing Board of The Stoke Poges School will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has adopted the Department for Education policy on “Supporting Pupils at School with Medical Conditions”, which was issued under Section 100 of the Children and Families Act 2014.
- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

### 2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Board** for The Stoke Poges School will ensure that

- arrangements are in place so that children with medical conditions
  - are properly supported;
  - can play a full and active role in school life;
  - can remain healthy and achieve their academic potential;
- staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, ensure that pupil’s health is not put at unnecessary risk from, e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so

## 2.2 The **Headteacher** will ensure that

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- Individual Healthcare Plans are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation;
- risk assessments for school visits, residentials, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially.

## 2.3 **Appointed Person**

- Lea Fetherston, together with the Headteacher, has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported.

## 2.4 **Transitional Arrangements**

The school has made the following procedures for transitional arrangements.

- The school will transfer all the pupil related health care plans from one year group to another when a pupil moves class
- The medication is monitored termly
- The health care plans are reviewed annually

## 2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.

- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

## **2.6 Pupils:** Where appropriate pupils with medical conditions

- will be consulted to provide information about how their condition affects them
- will 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

## **2.7 Parents** have the prime responsibility for their child's health. 'Parents' include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child.
- Parents should provide medicines and equipment as required by the Healthcare Plan.
- Parents should
  - bring their child's medication and any equipment into school at the beginning of the school year;
  - replace the medication before the expiry date;
  - as good practice, take into school the new asthma reliever inhaler when prescribed;
  - dispose of expired items to a pharmacy for safe disposal;
  - during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
  - keep their children at home when they are acutely unwell;
- Parents should ensure that they or another nominated adult are contactable at all times

## **3 STAFF TRAINING AND SUPPORT**

- Liz Astley (Headteacher) will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. 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 will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction.
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and

preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.)
- The school will ensure that at least three people have attended Supporting Pupils with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school.

#### **4 INDIVIDUAL HEALTHCARE PLANS**

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. 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 pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be 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 pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the pupil's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

#### **5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to sign to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.
- Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered.
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.

- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

## 6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Medicine brought into school must be given to Jenny Lea via the front office. Susan Cook or Lea Fetherston will be responsible in her absence.

### 6.1 Prescribed medication

The school will only accept prescribed medicines that are 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 be available inside an insulin pen or a pump, rather than in its original container.

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

#### Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

**Antibiotics** prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent.

### 6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil 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 pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.
- *Lea Fetherston, Jenny Lea and Kim Green are named staff who have access to the Controlled Drugs cabinet and have agreed to administer medication and have received training*

- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
  - where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
  - half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
  - half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. The school will use the appropriate form to gain authorisation for administration from parents.

### **6.3 Non-prescription Medication**

- Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.
- The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.
- Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

### **6.4 Pain Relief**

- Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.
- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods).
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A record will be made of all doses given using the school's template (see appendix)

## 7 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, using a form stating what, how and how much was administered, when and by whom in a **bound book**. Any side effects of the medication to be administered at school will be noted.
- A second person will witness the administration of controlled drugs.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.

## 8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will not *remind* parents when their child's medication is due to expire.

## 9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;
- Sharp boxes will always be used for the disposal of needles.

## 10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

## 8 STEP HAND WASHING TECHNIQUES



## 11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and witnessed and recorded on a copy of the school form. This form is added to the file on return from the visit.

## 12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

### 12.1 Asthma

- An inventory of all pupils with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency following the guidance;
- Inhalers will be kept in a green bag on the back of the classroom door. If a child uses the inhaler a member of staff must record this in the small book in the bag and transfer this to the file in the medical room as soon as possible during the day;
- The green bag should be carried with staff when the children leave the classroom during lesson time, e.g. to the ICT suite or PE;

- At break and lunchtime the children should seek assistance and a member of staff should accompany the child to their classroom so that they can use the inhaler;
- Severe asthmatics will carry their inhaler with them at all times in a bum bag provided by the school. Doses are supervised by the teacher and recorded as set out in this policy;
- All staff will know how and when to use the emergency inhalers which are kept outside the Year 3 classrooms by the exit door to the playground and in the medical room. A maximum of 10 puffs should be given in an hour – start with 2 puffs;
- Parents will be asked to sign a form to give permission to administer an emergency dose(s);
- Parents will be informed of any emergency dosages given;
- It is the responsibility of the lead teacher to take class inhalers with them in the purple bag when leaving the school premises for sports events or on trips etc. Lea Fetherston will be responsible for ensuring that the purple bag is packed for the member of staff and discuss medical needs.

## 12.2 Anaphylaxis (Severe Allergic Reaction)

- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector.
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens;
- Auto-injectors will be kept readily available in the green bag in the classroom. If a child has been prescribed 2, one is kept securely in the medical room;
- A copy of the Healthcare Plan is kept in the bag with the epi-pen. Procedures for administering the pen are outlined in the plan and also on the wall of the medical room for individual children. All applications are monitored and written in the book in the medical room. Parents are informed.
- An emergency auto-injector will be kept in the medical room.
- It is the responsibility of the lead teacher to take class auto-injectors with them in the purple bag when leaving the school premises for sports events or on trips. Lea Fetherston will be responsible for ensuring that the purple bag is packed for the member of staff and discuss medical needs.

## 12.3 Epilepsy

- An Individual Healthcare Plan will be developed;
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available *at all times* to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on Template H or I as appropriate.

- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

## 12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

## 13 LIABILITY AND INDEMNITY

The Governing Board will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

## 14 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 15 SCHOOL PROCEDURES FOR MANAGING MEDICINES

1 Medicines should be brought to the school office by parents/carers. The designated member of staff (Mrs Lea) will ask the parent to sign the relevant consent form and then notify Mrs Fetherston, Mr Green and Mrs Cook that medicine has been brought in.

The designated person in the front office will check that the

- medicine is in its original container as dispensed by a chemist and details match those on the form;
- label clearly states the child's
  - first and last name
  - name of medicine
  - dose required
  - method of administration
  - time/frequency of administration

- patient information leaflet is present to identify any side effects;
  - medication is in date
- 2 The designated person will log the medicine in the record book and store the medicine appropriately
    - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
    - A daily temperature of the fridge will be taken and recorded.
  - 3 The designated person(s) will administer medication at the appropriate time.
  - 4 The following procedure will be followed:
    - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
    - The name of the medicine will be checked against the authorisation form and record sheet.
    - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
    - The expiry date will be checked and read out.
    - The medicine is administered.
    - The record sheet is signed by the designated person and the witness. *(Controlled medication must be witnessed by a second adult.)*
    - Any possible side effects will be noted.
    - The medicine is returned to appropriate storage.
  - 5 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

At the end of the day parents of pupil's prescribed anti-biotic medication (four doses a day) should collect their child's medicine from the school office and sign it out. For children staying to the after school clubs the designated person(s) will pass anti-biotic medicine to the supervisor of a member of the SLT to return to the parents. The member of SLT will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

<b>Headteacher</b>		<b>Date</b>	
<b>Governing Body</b>		<b>Date</b>	

## Appendix 1

### Model process for developing individual healthcare plans



# Individual healthcare plan

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	
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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

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

## Parental agreement for setting to administer medicine (Appendix 2)

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 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 <i>(as described on the container)</i>	
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 \_\_\_\_\_

# 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			

**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			



## Staff training record – administration of medicines (Appendix 5)

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 \_\_\_\_\_

## Contacting emergency services (Appendix 6)

**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
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – 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
8. put a completed copy of this form by the phone

## Model letter inviting parents to contribute to individual healthcare plan development (Appendix 7)

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 template 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.

Kind regards,

Liz Astley

**Headteacher**