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# Supporting Pupils at School with Medical Conditions

## 1. Policy Statement

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported while at any school within Ad Astra Academy Trust so they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy has been developed using guidance from Hartlepool Borough Council in conjunction with the Pharmaceutical Adviser for Tees Valley Public Health Shared Service (Jo Linton).

From 1<sup>st</sup> September 2014 The Children and Families Act (2014) placed a statutory duty on schools including academies to make arrangements for supporting pupils at their school with medical conditions. This policy is designed to ensure that all schools within Ad Astra Academy Trust can execute their statutory responsibility. Further advice and guidance can also be sourced from the Department for Education document 'Supporting pupils at school with medical conditions.'

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN). For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

The Headteacher and all school staff should treat medical information including information about prescribed medicines confidentially. The Headteacher should agree with the parent or otherwise the pupil (where appropriate), who else should have access to records and other information about the pupil.

Throughout the document we have used the term 'parent/carer' to indicate a person with legal parental responsibilities.

## 2. Roles and Responsibilities

### 2.1. Trustee Responsibility (may be delegated to a Local Governing Body)

The following are the **statutory** requirements that governing bodies must have regard to when making their arrangements to support pupils with medical conditions.

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.
- In making their arrangements, they should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. 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.
- Arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

- Arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- All schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation
- The school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- The school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.
- The school's policy is explicit about what practice is not acceptable.
- The school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
- When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following;
  - ✓ 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 children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their 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; and cover arrangements for when they are unavailable;
  - ✓ Who in the school needs to be aware of the child's condition and the support required;
  - ✓ Arrangements for written permission from parents and the head teacher 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 child 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 children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- The school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions
  - The school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
  - The school's policy is clear about the procedures to be followed for managing medicines.
  - Written records are kept of all medicines administered to children.
  - The school's policy sets out what should happen in an emergency situation.
  - The school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.
  - The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.
  - Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).
  - The arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
  - The appropriate level of insurance is in place and appropriately reflects the level of risk.

## **2.2 Headteacher Responsibility**

- Ensure the school policy is developed and implemented.
- Ensuring all staff aware of the policy and understand their role in implementation.
- Ensuring staff who need to know are aware of child's condition.
- Ensuring sufficient trained numbers of staff are available to implement the policy and deliver against health care plans. This may involve recruiting members of staff for this purpose.
- Overall responsibility for individual health care plans.
- Ensuring school staff are appropriately insured.
- Informing school nursing service in the case of any child who has a medical condition that may require support but who is not known to the service.

## **2.3 School Staff Responsibilities**

- Any member of staff may be asked to support to pupils with medical conditions although they cannot be required to do so.

- Any member of school staff should know what to do and respond accordingly when they become aware a child with a medical condition needs help.
- Staff should not take on responsibility to support a pupil with a medical condition without being authorised / trained to do so.

#### **2.4 School Nursing Responsibilities**

- To notify school when a child is identified as having a medical condition that will require support.
- To provide general advice and signposting to appropriate local support for individual children and associated staff training needs.
- To provide specific support in relation to staff training in relation to management and use of Adrenaline/ Epinephrine pens for management of allergy / anaphylaxis.

#### **2.5 Health Care Providers/Professionals e.g. Paediatricians, GPs, specialist nurses etc.**

- Should notify school nursing team when a child has been identified that will require support at school.
- Provide advice and support on developing health care plans.
- Provide support for individual children with particular conditions e.g. diabetes, epilepsy including training of relevant staff.

#### **2.6 Parental Responsibilities**

- Provide sufficient and up to date information to the school about their child's medical needs.
- Input into the development and review of their health care plan.
- Provide any medicines and equipment in line with local arrangements.
- Complete any required paperwork / consent required by schools.

#### **2.7 Local Authority Responsibility**

- Commissioning of school nursing services for maintained schools and academies.
- For those pupils who because of their health needs would not receive a suitable education in mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Provide support and advice.
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

#### **2.8 CCG Responsibilities**

- Commissioning of healthcare services; they should ensure services are responsive to children's needs and health care service are able to co-operate with schools supporting children with medical conditions.
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

The named member of school staff responsible for this medical conditions policy and its implementation is the Head Teacher.

### **3 Individual Healthcare Plans (IHPS)**

The main purpose of an Individual Healthcare Plan for a pupil with longer term medical needs is to identify the level of support that is needed while the pupil is at school. The school, health care professional and parent should agree when a health care plan is required. If consensus cannot be agreed the head teacher is best placed to take a final view. An example letter to parents to request completion of an IHP can be found at appendix 1.

Partners should agree with who will lead writing the plan but responsibility for ensuring it is finalised and implemented rests with the school.

#### On Admission to School

All parents/carers will be asked to complete an admissions form advising of any medical conditions for which their child may require support at school.

Parents/Carers of children with medical conditions for which their child may require support will be requested to complete an Individual Health Care Plan (appendix 2) in conjunction with the child's health care professional (if appropriate) and the named policy lead.

For the start of the new school year (or within 2 weeks of notification of a medical condition that will require support) the policy lead will ensure the individual health care plan has been completed and in conjunction with health care professionals implement any staff training agreed.

An individual healthcare plan clarifies for staff, parents and the child what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk emergency intervention will be needed, and are likely to be helpful for any child with a complex and long term medical condition. Staff may need to be guided by the child's GP or paediatrician. Locally a number of tailored plans are already used and provided by the child's health care professional e.g. asthma management plan, diabetes care plan these can be referenced to in the individual healthcare plan and appended.

Staff should agree with parents how often they should jointly review the healthcare plan. This should be carried out at least once a year, but much depends on the nature of the child's particular needs in which case the plan may need to be reviewed more frequently.

The school should have a centralised register of IHPs and the SENCO is responsible for this register.

The pupil (where relevant), parents, specialist nurse and school should hold a copy of the IHP. Other school staff should be made aware and have access to the IHP for children in their care.

### **4 Staff Indemnity**

The Risk Protection Arrangement (Academy Trust Insurance Agreement) covers employee indemnity against claims for alleged negligence, providing they are acting within the scope of their employment and staff are appropriately trained. For the purposes of indemnity the administration of medication falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Risk Protection Agreement and not the employee will meet the cost of damages should a claim for alleged

negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/guardian and the employer.

## 5 Staff Training

### Staff involved in Supporting Pupils with Medical Conditions

For staff who are involved in the administration of medicines it is recommended that they undertake HSC 3047 Support use of medication in school settings training. Locally this is available via Hartlepool College of Further Education. This training is competency based and will involve a workplace based assessment by a health care professional. Schools will need to arrange for necessary consent to be obtained from parents for the workplace based assessments of competency to be undertaken. This course will provide training on the administration of oral, inhaled and topical medicines. It will also provide guidance on the safe and secure handling of medicines in a school setting.

For children with more complex needs an individual plan will need to be developed by the relevant health care professional. Examples of more complex needs include e.g. use of Adrenaline/Epinephrine pens for severe allergy / anaphylaxis, insulin devices for diabetics, management of percutaneous endoscopic gastrostomy (PEG) feeding tubes / tracheostomy tubes and use of buccal / intranasal Midazolam for seizures. A record of the plan and details of any activity to support the plan (e.g. staff awareness sessions) should be documented in the child's individual health care plan. Any such complex issues must involve a health care professional in the briefing / training of relevant staff.

Guidance is available from the Royal College of Nursing about what tasks are suitable to be delegated to non-health care professionals.

[https://www.rcn.org.uk/data/assets/pdf\\_file/0013/254200/RCN\\_Managing\\_children\\_with\\_health\\_care\\_needs\\_delegation\\_of\\_clinical\\_procedures\\_training\\_accountability\\_and\\_governance\\_issues\\_2012\\_v2.pdf](https://www.rcn.org.uk/data/assets/pdf_file/0013/254200/RCN_Managing_children_with_health_care_needs_delegation_of_clinical_procedures_training_accountability_and_governance_issues_2012_v2.pdf)

### Wider Staff Awareness Training

All staff should know what action to take in an emergency and receive updates at least yearly.

Staff with children with medical needs in their class or group should be aware of and have access to a copy of the child's IHP.

Arrangements for backup cover should be laid down and implemented when the responsible member of staff is absent or unavailable.

Advice and training should be available to other staff who are responsible for children such as lunchtime supervisors.

## 6 Storage of Medicines in Schools

Prescribed medicines which are kept at the school must be in a suitable dedicated locked storage cupboard (ideally a medicines cabinet) and arrangements made for them to be readily accessible when required.

A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to pupils and must not be locked away. They must still be stored safely in such cases.

Schools should allow pupils to carry their own inhalers /diabetes devices/ adrenaline pens (secondary schools only) when appropriate. The pupil's parents should decide when they are old enough to do this and should submit this request in the relevant section of the Administration of Prescribed Medicines in Schools Consent Form. Children should only be allowed to carry their own medicines if they are competent to self-administer the medicine without need for any supervision.

Large volumes of medicines should not be stored in schools. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Children and staff should be aware how to access any medicine.

It is recommended that medicines are routinely returned to parents at the end of each term and received back into school at the start of each of term.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. For medicines that require refrigerated storage this should be in a dedicated, lockable domestic fridge.

Where a pupil needs two or more prescribed medicines each should be in separate container. Staff must not transfer medicine from its original container. The Headteacher is responsible for making sure that all medication is safely stored.

There should be a policy which covers the issue and security of keys to medication storage cupboards. Only authorised staff should have access to medication.

Some drugs administered in schools may be classified as controlled drugs e.g. Methylphenidate, Midazolam. In schools controlled drugs should be handled in the same way as any drug **except** that they are not suitable to be carried by the child and should be stored in a locked non portable device. The exception to this is Midazolam which is used in the emergency treatment of epilepsy and this should be readily available at all times.

## **7 Disposal of Medicines/Medical Supplies**

School staff should not dispose of medicines by for example flushing tablets or medicine down the toilet. Expired / no longer required medicines should be collected from school by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired / no longer required medicines within the specified time frame the school should arrange for these medicines to be returned to their local community pharmacy. This should be recorded on the child's medication sheet – it is advised that this is documented and undertaken by two members of staff.

Sharps boxes should always be used for the disposal of needles. Sharps boxes should be provided by parents but can be obtained through the contract for washroom services. There is a procedure in place for management of needle stick injuries.

### **Interpretation Expiry dates**

#### *Expression*

Use by May 2016

Use by 20 May 2016

Use before May 2016

Use before 20 May 2016

#### *Interpretation*

Do not use after 30 April 2016

Do not use after 20 May 2016

Do not use after 30 April 2016

Do not use after 19 May 2016



Expires 31 May 2016  
Expires May 2016

Do not use after 31 May 2016  
Do not use after 31 May 2016

Expiry dates of all medicines held in school should be checked before every administration. A check of expiry dates should be undertaken of all medicines held in school on a half termly basis.

The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Ideally parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

## **8 Administration of Medicines in Schools**

Medicines should only be administered in schools when it would be detrimental to child's health or school attendance not to do so.

No child under 16 should be given prescription or non- prescription medicines without their parents written consent. It is recommended only prescribed medicines should be administered in schools. A template Administration of Prescribed Medicines in Schools Consent form is provided in Appendix 3.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools should only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Only staff who have been authorised to administer medicines by the Policy Lead should do so.

Where children self-administer a medicine that may put others at risk e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.

Facilities should be available to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.

Ideally medication administration should take place in the same room that the medicine is stored. All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the Administration of Medicines in Schools Consent form and the School Record of Medication.

Medication should only be administered to one child at a time.

It is expected that the child should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine to positively identify the child at time e.g. by confirming name / date of birth and / or comparing with recent photo attached to School Record of Medication (parental consent will be required for photos to attach to medication records)

Before administering the medicine school staff should check:

- the child's identity
- that there is written consent from parent / carer

- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the child's identity
- that the medication is in date
- that the child has not already been given the medicine

Immediately after administering or supervising the administration of medicine written records should be completed and signed.

Where a pupil refuses to take their medication:

- staff should not force them to take it;
- the school should inform the child's parents as a matter of urgency;
- schools should consider asking parents to come to school to administer the medicine;
- where such action is considered necessary to protect the health of the child the school should call the emergency services;
- records of refused/non administration or doses should be made in the child's medicines administration record.

Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.

Wasted doses e.g. tablet dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Such doses should not be administered.

Liquid medicines should be administered with a suitable graduated medicines spoon or syringe.

If the normal routine for administering medicines breaks down e.g. no trained staff members available, immediate contact with parents should be made to agree alternative arrangements.

## **9 Record and Audit Trail of Medicines in Schools**

Each child who receives prescribed medicine at school must have an individual School Record of Medication form completed for each medication they are to receive.

A member of staff authorised by the Headteacher should be responsible for recording information about the medicine and about its use.

The prescribers written instructions and the School Record of Medication should be checked on every occasion when the medication is administered and the School Record of Medication completed by the member of staff administering the medicine. The School Record of Medication should be retained on the premises for a period of five years.

The following information should be recorded on the school record of administration:

- details of the prescribed medicine that has been received by the school;
- the date and time of administration of medicine and the dose given;
- details of any reactions or side effects to medication;
- the amount of medicine left in stock

- all movements of prescribed medicine within the school and outside the school on educational visits for example;
- when the medication is handed back to the parent at the end of the course of treatment.

If a parent has requested a child self-administers their medicine with supervision a record of this should be made on School Record of Medication.

Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

A template School Record of Medication is provided in Appendix 4.

## **10 Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.

Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parents/health care professional.

## **11 Intimate or Invasive Treatment**

Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/guardians and Headteachers must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing. The Headteacher or Governing Body should arrange appropriate training for school staff willing to give medical assistance. If undertaken the school should arrange for two adults, one the same gender as the pupil, to be present for the administration of the treatment.

Where intimate or invasive treatment is required, it should be subject to an individual risk assessment which should include reference to two people to minimise any risk claim. Localised arrangements should be put in place.

## **12 Emergency Procedures**

In the event of an emergency staff should contact the emergency services using the 999 system.

If a school has within an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified first aiders in the school may also be able to offer support.

A member of staff should always accompany a child to hospital and stay with them until the child's parents arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.

Where pupils are taken off site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual child.

Emergency medication should always be readily accessible and never locked away.

Children who are known to have asthma must have a reliever inhaler available to them at all times in school. If children are carrying their own inhalers ideally a spare inhaler should be held by the school.

### **13 Out of School Activities/Extended School Day**

Schools should consider what reasonable adjustments that might make to enable children with medical conditions to participate fully and safely in visits.

Schools should meet with parent, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in child's IHP which should accompany them on the activity.

If medication is required during a school trip it should be carried by the child if this is the normal practice e.g. asthma inhalers. If not it should be carried by an authorised member of staff who would be responsible for administering it or the parent / carer if present.

If trips are planned outside the UK specific advice may be required depending on country visited, mode of transport and medicine involved.

### **14 Pain Relief**

Sometimes pupils may asked for pain relief at school e.g. Paracetamol. It is not recommended that school staff give non-prescribed medication to pupils. This is because they do not know what previous doses the child has taken or if it may interact with other medicines they may have taken.

### **15 Treatment of Attention Deficit Hyperactivity (ADHD)**

When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural problems.

Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed. In some cases once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). These are legally categorised as controlled drugs, in mainstream schools they should be treated in the same way as other medicines the schools administer. However, they should not be carried by the child and should be kept securely in a locked cabinet. Schools with residential facilities may have additional storage requirements.

## **16 Management of Diabetes**

Children who have diabetes must have emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

Children with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling 'hypo'. A clean private area with washing facilities should be made available for them to undertake this.

Childrens' Diabetes Nurses will provide advice and support for schools and their staff who are supporting children with diabetes.

## Appendix 1 – Template letter to parents regarding completion of an IHP

Dear Parent/Carer

### **Re: Individual Healthcare Plan**

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Education, and the school's governing body, our school has a Supporting Pupils at School with Medical Conditions policy. A copy of the policy is available from the school on (01429 282090) school telephone number or school email address.

As part of this policy, we ask all parents of children with a medical condition to help us by completing an Individual Healthcare Plan for their child/children. Please complete the plan, with if necessary the assistance of your child's healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Individual Healthcare Plan or if you have any questions then please contact us on **01429 282090**.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help the school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours Sincerely



Headteacher

**Appendix 2 – Individual Healthcare Plan for Pupils with Medical Conditions at School (IHP)**

**(Please note a prescribed medicine in school consent form must also be completed)**

**1. Pupil information**

Name of school \_\_\_\_\_ Class/form \_\_\_\_\_

Name of pupil \_\_\_\_\_

Date of birth \_\_\_\_\_  male  female

Member of staff responsible for home-school communication \_\_\_\_\_

**2. Contact information**

Pupil's address \_\_\_\_\_

Post Code \_\_\_\_\_

**Family Contact 1**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

**Family Contact 2**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

GP Name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Condition Information**

**3. Details of pupil's medical conditions**

Signs and symptoms of the pupil's condition

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Triggers or things that make this pupil's condition/s worse:

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**4. Routine / daily healthcare requirements**

(For example; dietary, therapy, nursing needs or before physical activity)

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**5. Specific support for pupil's educational, social and emotional needs**

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**6. What to do in an emergency**

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**7. Regular medication taken during school hours**

**Medication 1**

Name/Strength

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Dose and method of administration

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**Medication 2**

Name/Strength

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Dose and method of administration

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When it is taken (time of day)?

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Are there any contra-indications  
(signs when medication should not be given)?

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Self-administration: can the pupil administer the medication themselves?

Yes  No  yes, with supervision by:

Staff member's name

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Spare / back up supply of medicine to be provided  
e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised to be held by child)

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When it is taken (time of day)?

---

Are there any contra-indications  
(signs when medication should not be given)?

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Self-administration: can the pupil administer the medication themselves?

Yes  No  yes, with supervision

by: Staff member's name

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Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen  
YES / NO ( If yes state location- not advised to be held by child)

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## 8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

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Describe what signs or symptoms indicate an emergency for this pupil

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Dose and method of administration (how the medication is taken and the amount)

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Are there any contraindications (signs when medication should not be given)?

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

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Self-administration: can the pupil administer the emergency medication themselves?

Yes  No   yes, with supervision by:

Staff member's name

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Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen

YES / NO (If yes state location)

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Is there any follow up care necessary?

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Who should be notified if emergency medicines required?

Parents  Specialist  GP

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### 9. Regular medication taken outside of school hours

(For background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

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Are there any side effects that the school needs to know about that could affect school activities?

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**10. Members of staff trained to administer medications for this pupil**

Regular medication

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Emergency medication

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**11. Specialist education arrangements required**

(E.g. activities to be avoided, special educational needs)

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**12. Any specialist arrangements required for off-site activities**

(Please note the school will send parents a separate form prior to each residential Visit/off-site activity)

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**13. Any other information relating to the pupil's healthcare in school?**

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**14. Form copied to:**

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**Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pupil

Print Name \_\_\_\_\_

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

Parent (if pupil's age is below 16)

Print name \_\_\_\_\_

Appendix 3 – Administration of Prescribed Medicines in School Consent Form

**Part A – Details of Pupil who requires Medicine to be administered at school (to be completed by the parent/carer)**

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school.

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

**School**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname:

Forenames:

Home Address:

Date of Birth:

Class/Form:

Condition or illness:

**MEDICINE DETAILS:**

Name/Type of medicine  
(as described on the container)

Name and address of the  
Prescriber (GP) of the medicine

Date when the  
medicine was  
dispensed:

Starting date of  
the medicine:

Ending date of  
the medicine:

Expiry Date of Medicine

**FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child’s name and clear instructions for use. Product must be in date**

Dosage and amount to be given  
(as per label)

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required doses should be supplied.

Timing of administration

Special precautions

Side effects

Procedures to be taken  
in an emergency:

Self-Administration  
Yes / No/Yes with supervision

\*Request my child is able to  
to carry their own asthma  
Inhaler/ adrenaline pen/diabetes  
device  
Yes / No

Child must be able to competently self-administer their medicine without supervision.

**CONTACT DETAILS:**

Name:

Relationship

Home  
address:

Daytime  
Contact  
number:

**Where the school considers a Healthcare Plan is required then it should be completed.**

**Part B – Parent Undertaking**

I understand that I must deliver the medicine personally to

In the case of children uses LA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to 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.

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

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

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)

Date

Relationship to the pupil:

**Part C – To be Completed by the School (copy returned to parents)**

**1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL**

I agree that  
(name of pupil)

Will receive  
(quantity and name  
of the medicine)

at (times of  
administration)

Your child will be supervised  
whilst they take their prescribed  
medicine by the following members  
of staff:

You must personally bring your  
child's prescribed medicine  
to school and hand it to ( *insert name* )

Your child's prescribed medicine  
will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN PRESCRIBED  
ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN (secondary schools only)  
AT SCHOOL**

I agree that  
(name of pupil)

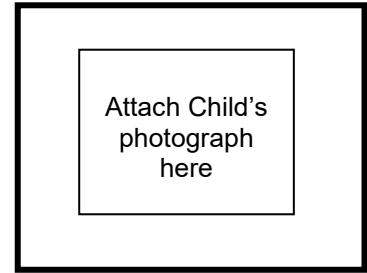
Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen /  
Diabetic device whilst in school and that this arrangement  
will continue until

Signed:  
Headteacher

Date:

**The school will not give your child medicine unless you complete and sign this form and the  
Headteacher has agreed that school staff can administer the medication.**

**Appendix 4 – School Record of Medication Administered**



**APPENDIX 5 - SCHOOL RECORD OF MEDICATION ADMINSTERED**

Name of child .....

D.O.B ..... Class.....

Name and Strength of Medication .....

Dose and frequency of medication .....

<b>Date</b>				
<b>Quantity Received</b>				
<b>Expiry Date</b>				
<b>Staff Signature</b>				
<b>Print Name</b>				
<b>Quantity Returned</b>				
<b>Return to (signature)</b>				
<b>Print Name</b>				

<b>Date</b>																
<b>Time Given</b>																
<b>Dose Given</b>																
<b>Staff Signature</b>																
<b>Print Name</b>																



