

# **Policy for Supporting Pupils with Medical Conditions & the Administration of Medicines in School**

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## **1. Aims**

The aim of this policy is to ensure that pupils, staff and parents understand how our school will support pupils with medical conditions, including how we will administer medicines. At all times we will ensure that:

- We are addressing the needs of pupils with **long-term** medical/health needs including the requirement, development and management of individual healthcare plans (IHPs)
- We are meeting the needs of children and young people with **short term** medical/health needs.
- We are meeting the needs of children and young people who have medical conditions that require support, and possibly medication, during educational visits and sporting activities.

The named people responsible for implementing this policy are the Head teacher Nicola Sexton, Amber Higgins, Juliet Murray, **Dylan Wright** and all class teachers.

## **2. Legislation and Statutory Responsibilities**

All children and young people with medical/health needs have the same rights of admission to a school or other setting as other children who do not have medical needs.

This policy covers in-school provision, day and overnight trips and the extended school day. It is based upon the Sheffield LEA Guidance for Schools in the document 'Managing Children and Young People's Identified Health Needs'. It is also based upon the Department for Education's statutory guidance: 'Supporting Pupils at School with Medical Conditions'.

### **Equality Act 2010 - Access to education and associated services**

From the 1<sup>st</sup> October 2010 the Equality Act 2010 replaced most of the Disability Discrimination Act 1995. However the Disability Equality Duty in the Disability Discrimination Act continues to apply.

The Equalities Act 2010 still provides protection for children with medical needs from being discriminated against. The Act defines a person as having a disability if s/he has a physical, sensory or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

Under the Equalities Act 2010, responsible bodies for schools must not discriminate either directly or indirectly against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children, including those with medical needs at different levels of school life; and for the individual disabled child who has a

disability, in their practices and procedures and in their policies.

Schools are also under a duty to plan strategically to increase access, over time, for disabled children who have a disability, including those with medical needs.

### **3. Parent/carer responsibilities in respect of their child's medical needs**

3.1 It is the parents/carers' responsibility to provide the head teacher with sufficient written information about their child's medical/health needs if treatment or special care is required.

3.2 Parents/carers are expected to work with the head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

3.3 Responsibility for administering prescribed or non-prescribed medicines to a child or young person in school lies with the child/young person's parent/carer. It is the child/young person's parent/carer who is responsible for providing permission for the issuing of medicines in the first instance. It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent/carer with whom the school or setting has day-to-day contact. Parent/carers will be advised that the school will not administer non prescribed medications for a period exceeding 8 days (including weekends) without a written care plan.

3.4 The head teacher should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child. Where a care plan is appropriate, parent/carers should have input into such a plan and must be prepared for this to be shared with all relevant school staff.

3.5 In some cases parents/carers may have difficulty understanding or supporting their child's medical condition themselves and in these cases they should be encouraged to contact a health professional or key health worker from the setting to advocate for them, either the school nurse or the health visitor, as appropriate.

3.6 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

3.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child/young person, except where a member of staff acts in loco parentis and gives non-prescribed medication in exceptional circumstances. (See later section 'Loco parentis' and Appendix 6).

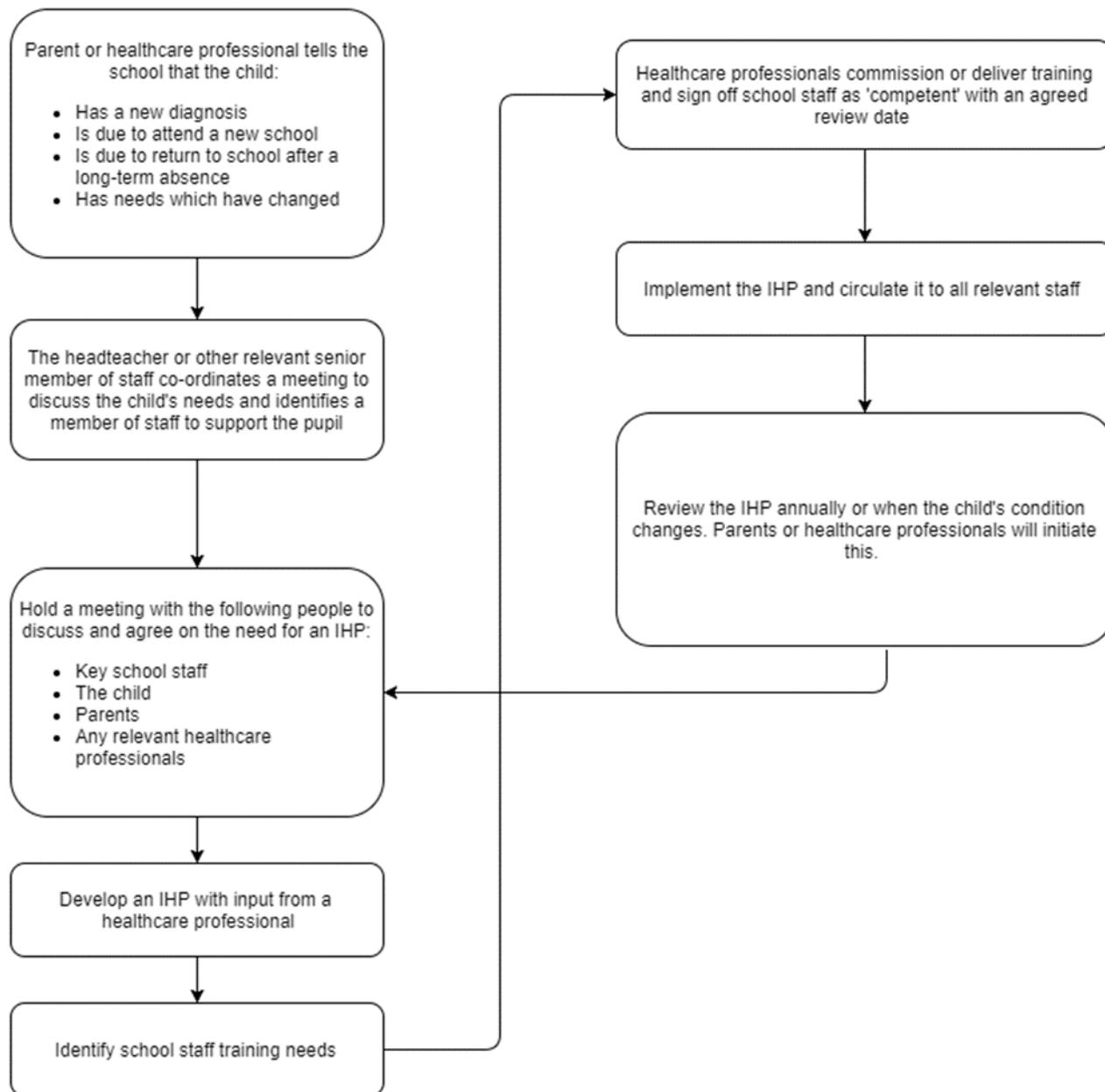
### **4. Supporting children with long-term or complex medical needs**

4.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days (including weekends) or more, an individual healthcare plan (IHP) must be completed, (see appendix 1) , involving both parents/carers and relevant health professionals.

A health care plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by a health professional, the school nurse or the child's GP or paediatrician.

4.2 Developing children and young people's healthcare plans.

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.



Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

#### 4.3. Individual healthcare plans (see Appendix 1)

The school will work in partnership with parents/carers, the School Nurse and/or specialist teams as appropriate, including Sheffield Children's Hospital NHS Foundation Trust, to develop in-school care plans to ensure high quality, evidence-based care within school for pupils with long-term conditions and complex health needs. Specifically, the School Nurse or Health Care Professional will support the development of healthcare assessments and plans, facilitate training in the delivery of individual healthcare plans and monitor the delivery of healthcare plans within school. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently, e.g. if there was a change in the child's health needs.

4.4 The school will assess each child/young person's needs individually as children and young people vary in their ability to cope with health needs or a particular medical condition. Plans will also take into account a child/young person's age and ability to take personal responsibility.

4.5 Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. Brief health care plans may be all that is required for the notification of mild or less complex conditions, or where medical care would only be required in an emergency. For example, repeat courses of antibiotics which take medication over 8 days, or pupils with allergies.

4.6 In addition to input from the school, parents/carers and the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Head teacher
- Child/young person (if appropriate)
- Class teacher
- Care assistant or support staff (teaching assistants)
- Staff who are trained to administer medicines or undertake identified health needs (Whole school assistants)
- Staff who are trained in emergency or first aid procedures

4.7 IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

4.8 The head teacher will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 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 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **5. Staff and training in dealing with medical/health needs**

5.1 The head teacher will ensure that there are sufficient members of staff who manage medicines. This will involve participation in appropriate training.

5.2 Any member of staff who has responsibility for administering prescribed medicines to a child will receive appropriate training, instruction and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual cases. All such training should be relevant to the individual child's needs and documented (Appendix 7).

5.3 In line with the contractual duty on the head teacher, the school will ensure that staff receive appropriate support, information and training where necessary. The head teacher will agree when and how such training takes place, in partnership with the health professional and parents/carers involved.

5.4 Staff who have a child/young person with medical/health needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention. Cover staff will be informed by a member of the office staff should they cover the class of a child needing medical support.

5.5 The child/young person's parents/carers, health professionals, and school staff must work in full partnership to provide the information specified above.

5.6 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

5.7 Back up arrangements will be in place in advance and any relevant training provided for when the members of staff (Whole School Assistants) with principle responsibility are absent or unavailable.

## **6. Administering medicines in school**

Medicines should only be brought in to school when essential; that is where it would be detrimental to a child/young person's health if the medicine were not administered during the school day and where approval to do so has been sought and given. The school will inform parents/carers of this policy.

6.1 The school has identified competent members of staff to administer medicines. They are the whole school assistant, Juliet Murray, and Amber Higgins and Dylan Wright in the school office. On residential visits or school trips or sporting events this responsibility will pass to the pupil's class teacher or the teacher in charge of the visit. The guidelines in this policy in relation to the safe storage and administration of medicines, staff training and emergency procedures will be followed.

6.2 On no account should a child come to school in possession of a medicine, either prescribed or non-prescribed, or keep it in their possession throughout the school day. Parents/carers must call into school and fill in the 'Request to administer medicines form' (Appendices 2 and 3). These are kept in reception or are available to download on the school website. This form should be completed and signed and the medicine handed to a member of staff.

6.3 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects that the school needs to know about
- Expiry date

The school will not accept medicines that have been taken out of the container as originally dispensed, which aren't labelled with the child's details, nor will school make changes to prescribed dosages on parental or child instructions.

6.4 If a child/young person refuses to take medicine, staff will not force them to do so. Staff will record the incident as 'refused to take' on the medicine administration log (Appendix 4). The head teacher and parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.

## **7. Administering Medicines Offsite including Residential Visits**

Class teachers will be responsible for administering medicine offsite or on residential visits. Teachers will have undertaken the relevant training to do so in accordance with local authority guidelines. A record of medicine administered will be made on appendix 4. Another member of staff will countersign the form and the paperwork will be filed with the school's medical records on return to school.

## **8. Prescription Medicines**

Short-term prescription requirements should only be brought to school if it is detrimental to the child or young person's health not to have the medicine during the day. In the vast majority of cases doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and at bedtime.

However where it is deemed that their administration is essential to allow the pupil to remain in school prescription medicines will be administered.

8.1 Their administration will be recorded (Appendix 4) and a text sent to parents/ carers giving confirmation that the medicine has been administered as directed and the time of the dosage.

8.2 If the period of administering a prescribed medicine is prolonged for any reason (more than 8 days including weekends) an individual health care plan is required (Appendix 1).

8.3 It is the parent/ carer's responsibility to collect any remaining medicine once the prescribed course is finished and to dispose of it responsibly.

8.4 National Guidance states: '**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor**'. The school will therefore only ever administer aspirin if it is prescribed by a doctor.

8.5 If in doubt about a procedure, staff will not administer the medicine or care procedure, but will check with the parents/carers or a health professional before taking further action.

## **9. Non-prescription medicines/common remedies**

Occasionally the school may be required to administer a non-prescribed, over the counter (OTC) medicine or common remedy such as paracetamol, anti-histamines or travel sickness tablets to a child or young person. The consent form (Appendix 3) is required each time a non-prescribed medicine is given, except for exceptional circumstances where a member of staff acts in loco parentis and this is recorded (Appendix 6).

9.1 Parents/carers must bring any non-prescription medicine to the school office and complete the consent form. They will need to ensure that all non-prescribed medication is in the original packaging including the information leaflet supplied by the manufacturer.

9.2 The school will not administer any non-prescribed ibuprofen.

9.3 The school will not administer homeopathic or herbal remedies.

9.4 The storage and administration procedures will be the same as for prescribed medicines.

9.5 We will not administer non-prescription medicine as a preventative e.g paracetamol in case a pupil develops a temperature

9.6 We will not administer non-prescribed medicine for more than 48 hours – if a pupil's symptoms persist parents/carers will be advised to contact their doctor. The only exception to this is anti-histamines for pupils who experience recurring hay fever symptoms.

9.9 Staff will consider any potential reactions between medications (especially where a child is taking a prescribed and a non-prescribed medication at the same time) as there could be potential side effects. Where staff administering medicines are unsure they will consult a health care professional or pharmacist for advice.

## **10. Loco parentis**

Sometimes the school will need to act in 'Loco parentis'. Sheffield LEA guidance explains that:

Under the Children Act 1989, anyone caring for children including teachers, other school staff and day care staff in charge of children, have a common law duty of care to act like any reasonably prudent parent traditionally referred to as 'in loco parentis'. Legally, while not bound by parental responsibility, teachers/school staff must behave as any reasonable parent would do in promoting the welfare, health and safety of children in their care.

In exceptional circumstances where parental consent is unobtainable, the member of staff acting in loco parentis should use their judgement to determine if the non-prescription medication should be given if a health care plan is not in place and this action should be recorded.

This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips and after-school/hours sessions/clubs that are running in schools/settings before or after the end of the school day.

10.1 Therefore, in some cases the school may administer a non-prescribed medicine/common remedy in exceptional circumstances where parental consent is unobtainable and a member of staff is acting in loco parentis, for a period not exceeding eight days (including weekends). This may be in the school setting or on a trip or residential visit.

10.2 In all cases written parent/carer consent should be sought in the first instance, or verbal permission in a telephone call. It is only in situations where parental consent is unobtainable that staff should act in "loco parentis." Appendix 6 will be completed by the member of staff administering the medicine and parents will be informed as soon as they are contactable.

## **11. Procedures for managing medicines on trips and outings and during sporting activities**

11.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children/young people with medical needs. It might also incorporate risk assessments for such children and information from their individual health care plan.

11.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and advice from a health professional which may involve informing the child's GP.

11.3 The school will support children/young people wherever possible in participating in physical

activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. Any restriction on a child's ability to participate in PE should be recorded on their health care plan. All adults should be aware of issues of privacy and dignity for children and young people with particular needs.

11.4 Some children/young people may need to take precautionary measures before or during exercise, for example always having access to asthma inhalers. Staff supervising sporting activities should be aware of relevant medical/health conditions, and will consider the need for any specific risk assessment to be undertaken.

## **12. Controlled Medicines**

Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession, however to minimise risks to all pupils this school will keep all controlled drugs on behalf of pupils. The school will keep controlled drugs in safe custody in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, (i.e. the use of medicines for purposes other than their prescribed intended purpose) and will be dealt with under the school's behaviour or code of conduct policy.

## **13. Record keeping**

13.1 Parents/carers must tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. School will not accept medicines if the label and/or packaging instructions have been altered or tampered with.

13.2 The school will use the form in Appendix 4 to record parental permission for the short-term administration of medication (not more than 8 days including weekends). Consent forms must be delivered personally by the consenting parent/carer, unless this is not possible in which case a completed emailed form is acceptable. Staff will check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.

13.3 The school use Appendix 5 to record parental consent for the administration of long-term medication (more than 8 days including weekends) in conjunction with Appendix 1, a health care plan. Consent forms must be delivered personally by the consenting parent/carer. Staff must

check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.

13.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility. It is also their responsibility to replace out of date medicines and dispose of them responsibly.

13.5 School will keep written records of all medicines administered to children - this is a Local Authority requirement of insurance cover. These records safeguard staff and pupils and provide proof that staff have followed agreed procedures. Appendices 4 and 5 are examples of the school's record sheets. The record sheet shown in appendix 4 are also used on school visits/residentials.

13.6 IHPs are kept in a readily accessible place in the school office and in the class file, which all staff are aware of.

#### **14. Safe storage of medicines**

14.1 The school will only store, supervise and administer medicines that have been prescribed for an individual child, or non-prescribed medicines allocated to a named child complete with consent forms, as outlined in this policy

14.2 Medicines will be stored securely and strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

14.3 Staff will check that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, and the expiry date. Staff will not alter or add to the label. Medicines that do not comply with these requirements will be returned to the parent/carer.

14.4 Where a child needs two or more prescribed medicines, each will require a written consent and be provided in a separate container.

14.5 Staff will never transfer medicines from their original containers.

14.6 Children will be informed where their own medicines are stored and in the case of asthma inhalers, how to access them.

14.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children/young people and will not be locked away. Asthma inhalers will be kept in pupil's classrooms. They will be named. All other emergency medicines will be kept in the unlocked medical room cupboard above the sink and are clearly labelled with the pupil's name.

14.8 Some medicines need to be refrigerated. They will be kept in the medical room refrigerator. This may contain food but *only sealed items* used for medical purposes e.g yoghurts. There will be restricted access to this refrigerator holding medicines.

## **15. Disposal of medicines**

15.1 Staff must not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to parents for safe disposal. Return of such medicines to parents/carers will be documented.

15.2 Parents/carers should also collect medicines held at the end of each term, unless they are for long term conditions e.g. epipens or medicines for allergies. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process will be documented.

15.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with Sheffield City Council.

## **16. Hygiene and infection control**

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

16.2 Staff will have access to protective disposable gloves to avoid infection or risks of cross contamination when administering medicines/lotions, in addition staff will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

16.3 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority. Our medical room in the school reception area fulfils this requirement.

## **17. Unacceptable Practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable - a pupil feeling ill should always be accompanied
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **18. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **19. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the head teacher (Nicola Sexton) in the first instance. If the matter cannot be resolved the head teacher will direct parents to the school's complaints procedure.

## **20. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every year.

## **21. Links to other policies**

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendices

Appendix 1	Individual Health Care plan
Appendix 2	Information guide for parents & carers
Appendix 3	Parent/carer agreement – SHORT TERM
Appendix 4	Medicine administration log
Appendix 5	Parent/carer agreement – LONG TERM and medicine log
Appendix 6	Head teacher agreement to administer medicine – including in loco parentis
Appendix 7	Staff training record – administration of medicines
Appendix 8	Administration of medicines offsite

## Appendix 1

### Individual Health Care Plan

<b>Name:</b>	<b>DOB:</b>	<b>Start date:</b>
<b>Medical Condition</b>		<b>In an Emergency</b>
<b><u>What:</u></b>	<b><u>Action:</u></b>	
<b><u>When diagnosed:</u></b>	<b><u>Contact numbers :</u></b>	
<b>Staff Awareness &amp; Training</b>		
<b><u>Staff Aware of the Condition:</u></b> <i>eg whole school briefing</i>		
<b><u>Staff Trained to administer the medication:</u></b>		
<b><u>Training updates required:</u></b>		
<b>Symptoms</b>		
<b><u>Regular/typical symptoms</u></b>		
<b><u>Unusual symptoms and response required</u></b>		
<b>Medication &amp; Named people responsible</b>		
<b>Staff:</b>		
<b>What:</b>		
<b>Dose:</b>		
<b>Time :</b>		
<b>Where:</b>		
<b>Possible side effects:</b>		
<b><u>Other notes</u></b> <i>eg equipment, environmental, food, drink</i>		
<b>Signed (parent or carer)</b>		
<b>Date:</b>		
<b>Signed (head teacher)</b>		
<b>Date :</b>		

## Appendix 2

### Information Guide for Parents & Carers



### Administration of Medicines

#### Overview for Parents, Carers & Staff

*This document should be read in conjunction with the full policy*

	
<ul style="list-style-type: none"><li>• A medicine form needs to be completed for any medicines to be given (including 'over the counter' medicine)</li><li>• All medicine must be in date</li><li>• All medicine should be collected from school and disposed of appropriately</li><li>• We will administer prescribed medicines in your child's name</li><li>• A responsible adult must bring and collect the medicine to the school office</li><li>• We will administer 'over the counter' medicines as follows: paracetamol, antihistamine and travel sickness medicine</li><li>• We will administer emergency paracetamol with parental consent</li><li>• All inhalers should be clearly named and in date</li><li>• We will record and double sign the time, date, dosage of medicines administered</li><li>• We will text parents when medicines have been administered</li><li>• Only teachers and other named staff in school will have the responsibility of administering medicines</li></ul>	<ul style="list-style-type: none"><li>• Medicines will not be administered without completion of a form</li><li>• Ibuprofen will not be administered, unless it is prescribed by a doctor</li><li>• Aspirin will not be administered unless it is by a doctor</li><li>• Children must not bring medicine to school themselves</li><li>• Medicines must not be left in your child's bag/care</li><li>• Homeopathic medicines will not be administered by school staff unless prescribed by a doctor</li><li>• Children will not be allowed to share inhalers or other medicines</li><li>• During residential visits teachers will administer medicine but will not send a text message after administration as they are in loco parentis</li></ul>

If you have any further questions please do not hesitate to contact the school office.

**Appendix 3 - Short Term Parental Agreement for School to Administer Medicine**



*The school will not give your child medicine unless you complete and sign this form.*

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

Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed if shown	/ /
Expiry date	/ /
How much to give and how	
When to be given	
Any special precautions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	
<b>Parent / Carer Contact Details</b>	
Name	
Daytime telephone no.	
Relationship to child	
Address	

- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.
- I accept that all medicines, other than emergency medication, need to be collected at the end of each term or they will be disposed of by the school
- NB National Guidance states that medicines containing Aspirin cannot be administered unless prescribed by a doctor

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

**Appendix 4**

**Record of medicine administered to an individual child**

*NB National Guidance states that medicines containing Aspirin cannot be administered unless prescribed by a doctor*



Name of child	
Class	
Dose and frequency of medicine	
Date medicine provided by parent	/ /
Medical condition or illness	
Quantity received	
Quantity to be given	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	
Time given			<b><i>IF MEDICINE TO BE GIVEN FOR MORE THAN 8 DAYS IN A ROW (INCL WEEKEND) THEN APPENDIX 4 NEEDED</i></b>
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	

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

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			

**Appendix 5**

**Long Term (8 days+) Parental Agreement for School to Administer Medicine**



*The school will not give your child medicine unless you complete and sign this form.*

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

Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed if shown	/ /
Expiry date	/ /
How much to give and how	
When to be given	Start date:                      Finish Date:
Any special precautions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	
<b>Parent / Carer Contact Details</b>	
Name	
Daytime telephone no.	
Relationship to child	
Address	

- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.
- I accept that all medicines, other than emergency medication, need to be collected at the end of each term or they will be disposed of by the school
- NB National Guidance states that medicines containing Aspirin cannot be administered unless prescribed by a doctor

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

Appendix 5

**Record of medicine administered to an individual child**

*NB National Guidance states that medicines containing Aspirin cannot be administered unless prescribed by a doctor*

Name of child	
Class	
Dose and frequency of medicine	
Date medicine provided by parent	/ /
Medical condition or illness	
Quantity received	
Quantity to be given	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	

Staff signature

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	
Time given			<b><i>IF MEDICINE TO BE GIVEN FOR MORE THAN 8 DAYS IN A ROW (INCL WEEKEND) THEN APPENDIX 4 NEEDED</i></b>
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	

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

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials (2 members)			
	Text parent	Text parent	Text parent

---

Date

Time given

Dose given

Name of member of staff

Staff initials (2 members)

/	/	/	/
Text parent	Text parent	Text parent	Text parent

**Appendix 6-Head teacher agreement to administer medicine – including in *loco parentis***

Name of school/setting \_\_\_\_\_

It is agreed that \_\_\_\_\_[name of child] will receive \_\_\_\_\_

[quantity and name of medicine] every day/today at \_\_\_\_\_

[time medicine to be administered e.g. lunchtime or afternoon break].

\_\_\_\_\_ [Name of child] will be supervised whilst he/she takes their medication

by \_\_\_\_\_ [name of member of staff].

This arrangement will continue until \_\_\_\_\_

[either end date of course of medicine or until instructed by parent/carers].

Date \_\_\_\_\_

Signed \_\_\_\_\_

(The Head teacher/ named member of staff)

**Appendix 7 Staff training record – administration of medicines**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

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

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_



