



**Federation of Goodnestone and Nonington Church of England Primary
School**

Supporting Pupils with Medical Needs

Policy

Policy: Supporting Pupils with Medical Needs	Status: FINAL	Policy Number: POL_026
Author(s): Vicky Solly	Date of issue: November 2021	Version: V1
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Goodnestone is a place of learning where all are nurtured and supported. Goodnestone has high expectations of all, so they fulfil their God given aspirations within and outside our small school community. Following the example of Jesus, we include all by showing friendship to each other, valuing their unique contribution.

Nonington is a place of learning where all are cared for and supported. Nonington has high expectations of all, so they fulfil their God given aspirations within and outside our small school community. Following the example of Jesus, we trust each other, valuing everyone's unique contribution.

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1. Purpose

This policy describes the Federation's approach to supporting pupils with Medical Conditions in line with the following guidance:

Children and Families Act 2014 - section 100
Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Dec 2015
0-25 SEND Code of Practice, DfE 2014
Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
Equalities Act 2010
Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies:

SEND Policy, Safeguarding Policy, Off-site visits Policy, Managing Allegations Against Staff Policy, Health and Safety Policy.

This policy was developed on November 2021 and will be reviewed annually.

2. Definitions

Short-term medical conditions: a condition that affects their participation at school because they are on a course of medication. Pupils may need prescribed or non-prescribed medication in school to minimise their absence from school.

Long-term medical conditions: a condition that potentially limits access to education and requires ongoing management, medicine, or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances to ensure parents feel confident that the school will provide effective support for their child's condition.

Some pupils with medical conditions may be considered 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) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

3. Statement of Intent

The federation is committed to ensure that pupils with medical conditions are properly supported to allow them access to education in the same way as other pupils without medical conditions, including school trips and sporting activities and that staff and parents understand how the school will support pupils with medical conditions.

4. The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of the Federation fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such pupils can access and enjoy the same opportunities at school as any other pupil;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual pupil and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact on a pupils ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no pupil with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a pupil at times where it would be detrimental to the health of that pupil or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section 6. Procedure);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- Ensuring that the school policy covers arrangements for pupils who are competent to manage their own health needs and medicines (see section below on the pupils role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that 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 (see section on day trips, residential trips and sporting activities);
- Considering whether to:
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Purchase and train staff in the use of defibrillators
 - Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

5. Policy Implementation

The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Executive Headteacher. The Executive Headteacher is responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Heads of School is responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The school's SENCO is responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All staff are expected to show a commitment and awareness of pupil's medical conditions and the expectations of this policy. Newly recruited staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

6. Procedure

This procedure covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For first time admissions, with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a pupil moving school's mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their school life. Our aim is to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the pupils ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be 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 in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no pupil with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a pupil in school at times where it would be detrimental to the health of that pupil or others.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Executive Headteacher and an individual

healthcare plan will be written in conjunction with the parent/carers by the schools SENCO, and be put in place.

7. Individual healthcare plans

Individual healthcare plans will ensure that the Federation effectively supports pupils with medical conditions. They will provide clarity about 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 that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all pupils will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a pupil needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupils condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Aycliffe Community Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupils needs have changed. They will be developed and reviewed with the pupils best interests in mind and ensure that the School assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they will all include the following information

- 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 eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils 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 pupils medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupils condition and the support required;
- Arrangements for written permission from parents/carer and the Executive 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 eg, risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the designated individual to be entrusted with information about the pupils 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

8. Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to staff at the federation.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a pupil has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for pupils with particular conditions (eg asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of pupils with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with

us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a pupil will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) [education for children with health needs who cannot attend school](#)

Providers of health services should co-operate with schools that are supporting pupils with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support pupils with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled pupils and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

9. Staff training and support

Staff required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. John Dexter, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a pupil 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. They should provide specific advice, but should not be the sole trainer.

10. The pupil's role in managing their own medical needs

If, after discussion with the parent/carers, it is agreed that their child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. The school does also recognise that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

11. Managing medicines on school premises and record keeping

Medicines should only be administered at school when it would be detrimental to a pupils health or school attendance not to do so;

No pupil under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the pupil without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil or young person to involve their parents while respecting their right to confidentiality;

With parental written consent, the school will administer non-prescription medicines except never aspirin or a medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage. Pain relief will not be administered in school until 1PM. Parents will be informed;

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

Name of school will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;

All medicines will be stored safely in the locked medical cabinet in the stock room. Pupils who require asthma pumps will know where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the pupils name.

During school trips the first aid trained member of staff will carry all medical devices and medicines required;

The parent of a child who has been prescribed a controlled drug must bring the medicine into the school office and collect the medicine at the end of the day if the Monitoring arrangements may be necessary. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school;

Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (see template C and D) of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administer at school should be noted. Written records are kept of all medicines

administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed;

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

12. Emergency procedures

The Executive Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a pupil has an individual healthcare plan, will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, a member of staff will stay with them until the parent arrives, or accompany a pupil taken to hospital by ambulance. The school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

13. Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

14. Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The school houses one defibrillator 19RintoulDexterC@st-edmunds.com for which hangs on the wall opposite the school's office.

Once regulations have changed the Governing Body will consider whether to hold asthma inhalers on site for emergency use.

Commented [LS1]: Is this still a query?

15. Unacceptable practice

Although staff at the school should use their discretion and judge each case on its merit with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);

- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg by requiring parents to accompany the pupil.

16. Liability and indemnity

Kent County Council provide the school with liability and indemnity insurance.

KCC Insurance contact: 03000 416539

Commented [LS2]: Check this is still current info

17. Complaints

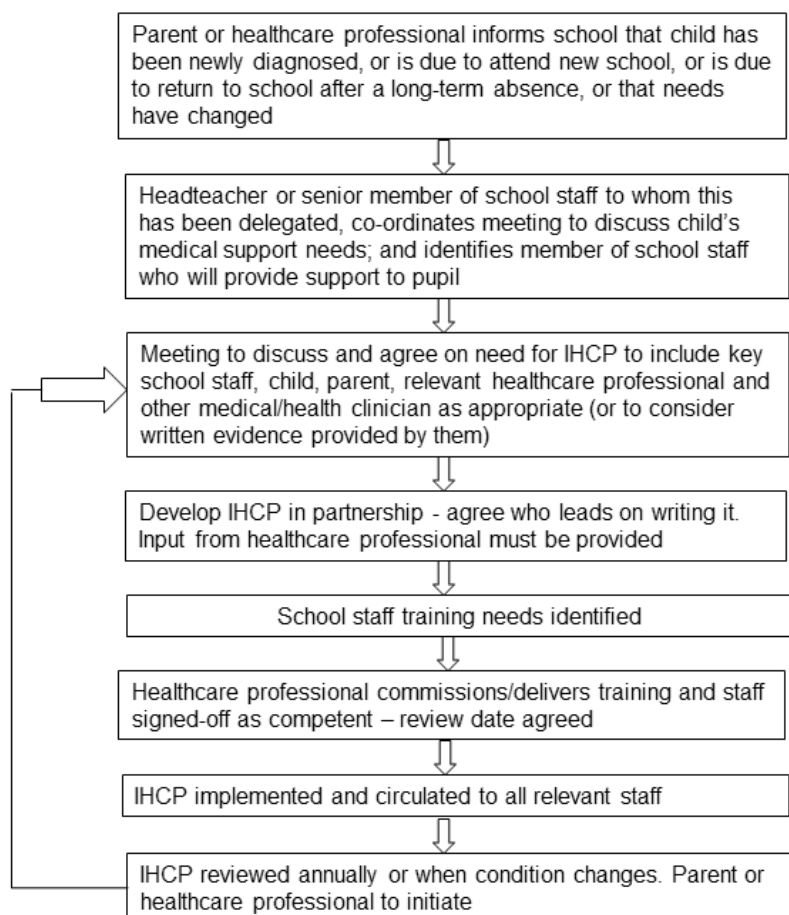
Should parents\carers be unhappy with any aspect of their child's care at the federation, they must discuss their concerns with the school. This will be with the pupil's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Executive Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Federation's Complaints Procedure.

Further sources of information [here](#).

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The Federation of Goodnestone and Nonington CE Schools recognise that all pupils are equal regardless of cultural or ethnic background, religion, social circumstances, gender, sexual orientation, ability and disability. The curriculum and whole ethos of the school demonstrates that diversity is understood, is welcomed and appreciated within the school. Equal opportunities means that all children have the right to a broad and balanced curriculum with which all pupils can engage and achieve.

Annex A: Model process for developing individual healthcare plans



Template A: 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

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

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 _____

Template C: record of medicine administered to an individual child

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

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C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines and/or medical procedures

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