

**MEDICINES AND  
SUPPORTING CHILDREN  
WITH MEDICAL CONDITIONS  
IN SCHOOL POLICY  
March 2018**

**Review:  
March 2020**

## Introduction

This policy includes how to manage children with a continuing medical condition as well as general medicines in schools procedures.

For the purposes of this Policy, the term Headteacher refers to all headteachers and heads of schools in the Trust.

## Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Schoolsworks Academy Trust (hereinafter 'the Trust') will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in the document, *Supporting pupils at school with medical conditions April 2014*.

Staff members in the Trust's schools do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, to promote regular attendance and to minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

## Aims of this policy

- To ensure the safe administration of medicines to children where necessary and to help to support attendance
- To ensure the on-going care and support of children with long term medical needs via an Individual Health Care Plan (IHCP)
- To ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child. The focus is on the needs of each individual child and how their medical condition impacts on their school life
- To explain the roles and responsibilities of school staff members in relation to medicines
- To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- To outline to parents and school staff members the safe procedure for bringing medicines into school when necessary and their storage
- To outline the safe procedure for managing medicines on school trips
- To ensure that support for pupils at school with medical conditions aligns with the school's wider safeguarding duties

## Roles and responsibilities

### 1. Organisation

The Trust's schools' Headteacher will ensure that arrangements are in place for parents and pupils with medical conditions. In doing, so they will ensure that such children can access and enjoy the same opportunities at school as any other child. They will be supported with the implementation of these arrangements by the school staff team and the SCC Member who holds the Health & Safety Portfolio.

Each of the Trust's schools will keep a record of staff members who will take a lead in managing medicine in school (Appendix 1- Template A). In their duties staff will be guided by their training, this policy and related procedures.

For the purposes of this Policy, the term 'Headteacher' refers to all headteachers and heads of school within the Trust.

### 2. Headteacher

The headteacher's roles and responsibilities regarding the implementation of this policy in their schools include the following:

- To bring this policy to the attention of school staff and parents/carers and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy, including cover arrangements in case of staff absence or staff turnover to ensure someone is always available and briefing supply teachers
- To ensure that staff receive appropriate support and training before they take on responsibilities to support children with medical conditions
- To ensure that cover arrangements are in place for supporting a child with a longer term medical condition
- To ensure monitoring of individual healthcare plans is carried out and renewed at least annually or earlier if evidence is presented that the child's needs have changed
- To ensure parents are aware of this policy
- To ensure that risk assessments are appropriate for individuals for school visits, holidays, and other school activities outside of the normal timetable
- To ensure that the school's particular details in the policy are kept up to date and its implementation is reviewed as part of the head teacher's termly meeting with the SCC H&S Portfolio holder, and subsequent report to the termly SCC meeting.

### 3. Staff Members

The roles and responsibilities of all members of school staff regarding the implementation of this policy in their schools include the following:

- To follow the procedures outlined in this policy using the appropriate forms
- To complete an IHCP in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs e.g. epilepsy
- To involve children wherever possible in drawing up the IHCP
- To work in partnership with school nurses and/or community nursing teams, GPs and paediatricians
- To share medical information as necessary to ensure the safety of a child and know what to do if they need help
- To ensure supply teachers are fully briefed by referring to class records
- To retain confidentiality wherever possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid room and first aid boxes stocked with supplies

Educational Visits Leaders should refer to *Medicines on educational visits* section below.

### 4. Parents/Carers

The roles and responsibilities of all parents and carers of the Trust's schools' children regarding the implementation of this policy in their schools include the following:

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school – all medicines must have a prescription label on them (i.e. name of patient, dosage, frequency of dosage, storage for medicine and date)
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. if they become an asthma sufferer
- To ensure that they (or another nominated responsible adult) are contactable at all times, which is particularly important for a child with an on-going medical condition

### Promoting good health of children and staff

The Trust seeks to promote the good health of all children and staff. The Trust expects its schools to take positive steps to prevent the spread of infection and appropriate action when children are ill in school including promoting the following actions:

- Encouraging children to wash their hands to prevent cross infection
- If a child is taken ill at school ensuring the class teacher is trained and briefed to contact the school's Welfare Assistant to assess the child who may then be removed from the classroom to the welfare room for their own comfort and to prevent the possible spread of infection
- Contacting parents or carers and asking them to collect their child if they are unwell
- Ensuring a 'deep' clean of an affected area of the school will be undertaken if necessary

### School attendance during and after illness

The Trust's schools will follow the following practises:

- Children will be discouraged from attending school when unwell, other than with a mild coughs or colds
- Symptoms of vomiting or diarrhoea will require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children will be discouraged from attending school with earache, toothache or other significant discomfort
- Children will be discouraged from attending school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

## Safe administration of medicines at school

### 1. Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school 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 then at bedtime.

Medicines and devices such as asthma inhalers should be readily available to children and not locked away.

Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a Parental Agreement for Setting to Administer Medicine form (*Appendix 1 – Template B*). The exception to this is insulin which must still be in date but will generally be available to school inside an insulin pen or pump rather than the original container. On no account should a child come to school with medicine if he/she is unwell.

### 2. Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school, schools will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' schools will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' schools may administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded;
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or Patient Information Leaflet (PIL);
- and accompanied by parental/guardian consent and confirmation the medication has been administered previously without adverse effect;

Schools will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy if it forms part of an IHP.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

#### Short term ad-hoc non-prescribed medication

i.e. A small stock of standard Paracetamol and antihistamine will be kept by schools for administration, if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain  
Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.

- For mild allergic reaction – anti-histamine
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

#### Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose. (Template B)
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded. (*Appendix 1 - Template B2*)

Schools will always obtain parental consent before administering any type of pain relief. This consent will be recorded using Template B1 or B2.

### Asthma

Schools recognises that pupils with asthma need access to relief medication at all times. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer. The school will develop IHP's for those pupils with severe asthma.

### Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Our schools comply with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. Parental consent will be recorded on *Appendix 1 - Template B*.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

### Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. Schools will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

*If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.*

### 3. Controlled Drugs

The Trust does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

### 4. Pupils with Long-term or Complex Medical Needs

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be 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 their safeguarding duties, the Headteacher and SCC H&S Portfolio holder should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Parents or carers should provide the headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made between the parents, headteacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an IHCP or Educational Health and Care plan (EHCP). The school will review these plans annually or following a significant change in a pupil's medical condition.

## 5. Reintegration

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools are expected to work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

## 6. Admissions

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required (Template A). This might include the development of an IHCP and additional staff training. Procedures must also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements are expected to be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort is to be made to ensure that arrangements are put in place within two weeks.

This policy also refers readers to Schoolsworks' Admissions policy.

## 7. Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication are to be agreed and documented in the pupil's IHCP and parents are to complete the relevant section of *Parental Agreement for Setting to Administer Medicine* form (*Appendix 1 – Template B*).

IHCPs must include a course of action to follow should a child refuse to take medicine or carry out a necessary procedure.

## 8. Staff Training

The school, working in partnership with the SCC H&S Portfolio holder and other health care professionals including the Local Authority, will assess staff training needs. Training should be sufficient to ensure that all staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff members will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHCP). New staff members are to attend an induction programme. *Appendix 2* to this policy highlights unacceptable practice.

The school will ensure that the staff members who administer medicine prescribed to control specific chronic conditions are trained to administer those specific medicines. These include medication for Anaphylaxis (epipens), Diabetes (insulin) and Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See Staff training record, *Supporting Pupils with Medical Conditions (Appendix 1 – Template E)*.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHCP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course.

The school will ensure that a record is made of every dose of medicine administered in school. The person that administers the medicine is to complete this record. See *Record of Medicine Administered to an Individual Child (Appendix 1 – Template C)*, and *Record of Medicines Administered to all Children (Appendix 1 – Template D)*.

Care is to be taken to ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The school must also ensure that any members of staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### 9. Storage and Access to Medicines

All medicines apart from emergency medicines (for example inhalers and epipens) are to be kept in a locked store cupboard. Medicines must always be stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that the lead for the management of medicines is away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epipens are either to be held by the pupil or kept in a clearly identified container in his/her classroom. Staff must ensure that emergency medication is readily available at all times including during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire.

Parents will be asked to supply a spare *epipen* for each child and they will be kept alongside other medicines at school. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 schools are to keep a small supply of salbutamol inhalers for emergency use.

Medicines that require refrigeration are to be kept in a designated fridge, clearly labelled in an airtight container.

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

#### 10. Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see Appendix 1 – Template C *Record of Medicine Administered to an Individual Child* and Template D *Record of Medicines Administered to All Children*.

#### 11. Emergency Procedures

In a medical emergency, first aid is to be given, an ambulance to be called and parents/carers are to be notified. Should an emergency situation occur with a pupil who has an IHCP, the emergency procedures detailed on the plan are to be followed, and a copy of the IHCP is to be given to the ambulance crew. IHCPs are also to be given to those companies and staff providing transportation of pupils to and from school, in order that the IHCP may be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are to be displayed prominently by the telephone in school offices and medical or welfare rooms. A blank proforma is attached in *Appendix 1 – Template F, Contacting the Emergency Services*. All children in school should know what to do in general terms such as informing an adult immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

#### 12. Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents are to complete a consent form (*Appendix 1- Template B*) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies should therefore be provided, if necessary, on prescription.

Pupils with medical needs are to be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit and include direction in the risk assessment for the trip.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of IHCPs will be taken by the responsible person.

### 13. Medicines on Residential Visits

The Trust acknowledges the common law duty of care to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the IHCP.

Occasionally it may be necessary to administer non-prescription medicines like paracetamol to pupils suffering acute pain from conditions such as migraine, period pains or toothache. Parents must give written consent prior to the residential visit using a, *Parental Agreement for Setting to Administer Medicine form (Appendix 1 –Template B)* before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol tablets for administration to pupils during a residential visit. The medication is to be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

#### 14. Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice is to translate these documents to the language of the country being visited. The international emergency number is to be on the IHCP (112 is the EU number).

##### Insurance

Schools will make their own insurance arrangements to cover staff providing support to pupils with medical conditions. Insurance policies are to be accessible to staff providing such support.

Insurance policies adopted are to provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

##### Complaints

Issuing arising from the medical treatment of a pupil whilst in school, or the support provided to a pupil with an on-going condition, are in the first instance be directed to the headteacher. In the unlikely event of this not resolving the issue, parents may make a formal complaint using the Trust's Complaints Procedure.

Please read this policy in conjunction with the following Trust Policies:

- Complaints Policy
- Admissions Policy

Please read this policy in conjunction with the following School Policies:

- Child Protection and Safeguarding Policy
- SEND Policy
- Accessibility Plan

Please refer to the following:

- Appendix 1 – Templates
- Appendix 2 – Unacceptable Practice

## APPENDIX 1 – TEMPLATES

### Template A: School-specific Information on Managing Medicines

School Name:

Lead member(s) of staff for supporting pupils with medical needs including contact telephone number:-

Name JO HALFPENNY

Tel. number 01903 725500

#### School First Aiders

PLEASE SEE THE UP TO DATE LIST IN THE SCHOOL WELFARE OFFICE FOR A FULL LIST OF FIRST AIDERS IN EACH PHASE.

#### Named staff for administering medicines

JO HALFPENNY  
JACQUIE WAND  
RHONA WILKINSON – Deputy Headteacher

**Template B (1): Parental Agreement for Setting to Administer Medicine – in person**

The school 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	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
<b>Medicine</b>	
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]
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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 B (2): Parental Agreement for Setting to Administer Medicine – record of telephone consent for non-prescription medicine.**

The school will not give your child medicine unless verbal consent is obtained.

Name of school		
Name of child		
Date of birth		
Group/class/form		
Medical condition or illness		
Verbal consent obtained from (name of parent / carer)		
Date and time of telephone call	___/___/___	___:___
Details of consent given eg. For 1 dose Paracetamol		
Member of staff consent given to		
Signed by member of school's SLT prior to administering medicine.		

**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 \_\_\_\_\_

**Template C: record of medicine administered to an individual child  
(continued)**

<b>Date</b>									
<b>Time given</b>									
<b>Dose given</b>									
<b>Name of member of staff</b>									
<b>Staff initials</b>									

<b>Date</b>									
<b>Time given</b>									
<b>Dose given</b>									
<b>Name of member of staff</b>									
<b>Staff initials</b>									

<b>Date</b>									
<b>Time given</b>									
<b>Dose given</b>									
<b>Name of member of staff</b>									
<b>Staff initials</b>									



Template E: staff training record – administration of medicines

Name of school/setting					
Name					
Type of training received					
Date of training completed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 30px;"></td> </tr> </table>				
Training provided by					
Profession and title					
Refresher/update training date					

I confirm that \_\_\_\_\_ [has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [*insert date of recommended update training*].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

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

Date \_\_\_\_\_

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Telephone Number

School telephone
------------------

2. Your location as follows [*insert school/setting address*]

School address
----------------

3. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode
----------

4. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:
-------------------

5. Your name
6. Provide the exact location of the patient within the school setting
7. Provide the name of the child and a brief description of their symptoms
8. Put a completed copy of this form by the phone

## APPENDIX 2 – UNACCEPTABLE PRACTICE

Although the lead for management of medicines and school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents or ignore medical evidence or opinion, (although this may be challenged)
- Send children 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children 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 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
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.