



St Peter's Primary School

Supporting Pupils in Schools with Medical Needs & Administration of Medicine Policy

St Peter's Primary School is part of the Greenshaw Learning Trust.

The Greenshaw Learning Trust is a charitable company limited by guarantee registered in England and Wales, company number 7633694, registered at Greenshaw Learning Trust, ORU Sutton, Throwley Way, Sutton, SM1 4AF.

References:

DofE: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities (January 2013)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf

DofE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014, a new duty was introduced for local advisory boards to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's coordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

At this school, the coordinator for pupils with medical needs is:

Mrs Shital Amin assisted by Mrs Rebecca Gillespie

Procedure to be followed when notification is received that a pupil has a medical condition

When school is advised that a child has a medical condition or when a child with a medical condition arrives from another school, all relevant information will be sought from the parent/guardian and previous school setting including the name and contact details of the GP, and the hospital team the child is under (paediatrician, consultant, specialist nurse where applicable). All relevant information from the child's medical team will, also, be sought (either via the parent or the school nurse) and the school will request the school nursing team advise over and assist in liaising with relevant health care professionals to draw up an individual health care plan as needed. A meeting will be held with the parent, child (when appropriate), Co-Head Teachers or SENDCo, SENDCo assistant, school nurse and/or other relevant health care professionals, where available, to agree the individual health care plan as needed.

Individual healthcare plans

Individual healthcare plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one.

At this school the individual(s) responsible for drawing up IHCPs will be:

Mrs Shital Amin (SENDCo) and/or Ms Rebecca Gillespie (SEND assistant) in collaboration with the school nursing team.

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's Education and Health Care Plan (EHCP) where they have one.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including who to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher 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.

In the event of an emergency, the ambulance (or other emergency service) should be directed to: St Peter's Primary School, Normanton Road, South Croydon, CR2 7AR (come to front entrance at bottom of drive).

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

The Local Advisory Board will:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The Local Advisory Board (LAB) will, therefore, ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact upon a child's ability to learn, aiming to increase their confidence and promote self-care;
- in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Local Advisory boards should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- ensure that written records are kept of all medicines administered to children.

The Co-Head Teachers have overall responsibility for the development of individual healthcare plans.

The Co-Head Teachers will:

- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- ensure that all staff who need to know are aware of the child's condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- contact the school nursing service (mainstream schools) or special school nursing service (special schools) in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (please see appendix A for further details).

Insurance arrangements

Insurer: Markel International Insurance Co. via London Borough of Sutton who act as brokers

The governing board:

- The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.
- The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions

School staff:

- may be asked to provide support to pupils with medical conditions, including the administration of medicines but **they cannot be required to do so**;
- will have received suitable training and their competency will be assured before they take on responsibility to support children with medical conditions;
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils will:

- often be best placed to provide information about how their medical condition affects them and so, where deemed age appropriate, they will be fully involved in discussions about their medical support needs, and contribute as much as possible to the development of their individual healthcare plan and subsequent compliance with it. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parents will:

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

School nurse or other qualified healthcare professionals will:

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

The school nursing service would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff in implementing a child's individual healthcare plan (if required) and provide advice and liaison.

- The school nursing service is able to provide training to school staff in the management of identified medical conditions such as:
 - Anaphylaxis and the use of Adrenaline pens such as EpiPen, Jext etc (for allergies)
 - Epilepsy and the use of medication including Buccal Midazolam (for epilepsy)
 - Asthma and the use of Inhalers
 - The school nursing service can offer support and advice to all Croydon parents and refer/signpost to the appropriate services. The duty phone number for enquiries is: 020 8274 6391 or by email at ch-tr.croydonschoolnurses@nhs.net

Website: [School nursing | Croydon Health Services NHS Trust](#)

**At this school, the allocated school nurse/qualified healthcare professional can be contacted as given above:
020 8274 6391**

GPs, paediatricians and other healthcare professionals:

- will notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- may provide advice on developing healthcare plans.

Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g., asthma, diabetes, epilepsy or other health needs as appropriate).

Local authorities will:

- promote cooperation between relevant partners such as local advisory boards of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- work with schools 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 then the local authority has a duty to make other arrangements.

Providers of health services will:

- cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- ensure that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions.

Ofsted will:

- consider how well a school meets the needs of the full range of pupils, including those with medical needs;
- consider the progress and achievement of children with medical needs.

Staff training and support

The Headship team and SENDCo will review training needs and, where additional specific training needs are identified as part of a child's individual health care plan, training for staff will be accessed through the school nurse team training programmes for relevant Health Care professionals.

Any member of staff administering medicines should be directed to undertake an 'Administering Medicines' online course.

There is a rolling programme of First Aid training (each member of staff trained in First Aid updates their training every 3 years). This training is, currently, undertaken by Ms P. Sethna. As part of the First Aid courses run, the following areas are covered: use of adrenaline pens, epilepsy, asthma, diabetes, anaphylactic shock, meningitis and use of the defibrillator.

A list of trained First Aiders is maintained by the Office Manager and is displayed in the school office. The school's First Aid Kits are regularly checked to ensure they comply with the Health and Safety Executives list of equipment requirements and are routinely monitored to ensure their contents are updated as needed (our paediatric first aid trained staff are responsible for maintaining the first aid bags).

In the event of staff absence, the Headship team will ensure that appropriate cover for First Aid and medical needs is maintained.

Supply teachers covering for class teacher absence are provided with the details and actions needed for any child in the class with a medical need/health care plan.

The school's induction programme for new staff includes the school's medical procedures and protocols (in relation to this policy).

At the start of each academic year, there will be INSET training to ensure that all staff are aware of the school's medical policy and their role in implementing it.

Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescriptions medicines without the parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (it is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication of any kind should never be administered without first confirming the child's name, checking maximum dosages and when the previous dose was taken. Medicines (given either on a long term or short-term ad hoc basis) will only be administered once it has been fully discussed and agreed in advance with the school office staff and either a Parental Agreement to Administer Long Term Medicines form (Appendix B) or a Parental Agreement to administer Short Term Medicines form (Appendix C) has been completed. School will not routinely administer paracetamol or other painkillers unless agreed by school with parents and a Parental Agreement to Administer form has been completed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- If a child is on a course of antibiotics/medicine and is well enough to return to school, school staff may agree to administer one dose during the school day, on a short-term basis but only if the parent is unable to come to school at the appropriate time to administer the dose themselves and provided the Parental Agreement to Administer Short Term Medicines form (Appendix C) has been completed. It is the responsibility of the parent or other nominated carer to hand the antibiotics/medicine to the school office staff at the beginning of the school day and to ensure that the medicine is collected from the school office staff at the end of the day.
- Medicines should not be left with class teachers; should not be left in a child's book bag or school bag nor anywhere else in school other than the main school office. School staff will not administer cough medicine, throat sweets etc. and children should not be given these to bring to school. During the Spring and Summer months many children suffer from hay fever. Wherever possible children should take the appropriate medication to control their symptoms before they come to school. If necessary, however,

school staff may agree to administer hay fever symptom relieving medicines during the school day following the agreed procedures for giving medicines as given in this policy.

- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. It is the responsibility of the parent/carer to take a note of the expiry date of the medication and to supply new medication to school before this date.
- All medicines will be stored safely. Children and relevant adults 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 will be readily available for children and not locked away.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and only if agreed with school, but passing it to another child for use is an offence. Controlled drugs prescribed for a pupil must be kept securely stored in a non-portable container and only named staff should have access. Controlled drugs must be easily accessible in an emergency. A record must be kept of any dose used and the amount of the controlled drug held.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any potential side effect seen after giving the medication should be noted and the parent informed. If medication is for any reason not given a record must be kept and the parent informed.
- A record of all allergies of the child must be maintained and it is the responsibility of the parents to inform the school. If your child's allergy is severe, an Allergy Action Plan will be required (refer to Department of Education Allergy Guidance for schools <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>)
- If your child has Asthma and an asthma pump is required to be kept in school, an Asthma Plan and a Permission to Administer form must be completed. You will also be asked to complete a form giving your permission to use the school's Emergency Salbutamol inhaler should it ever be necessary.
- When no longer required or when out of date, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- School holds emergency EpiPen's and asthma pumps. Parents of children with allergies and asthma are asked to sign a permission slip for their use should it be needed.

Managing transitions between schools for children with medical health care needs

- When a child leaves St Peter's Primary School to attend another school, all information regarding the child's medical needs will be transferred to the new school as soon as the new placement is known.
- Where a child is coming to St Peter's Primary School from another school, any medical information received will be acted upon immediately with the aim of drawing up an individual health care plan, if needed, within 2 weeks of the child's arrival.

Medical Risk Assessments

- Medical risk assessments may be needed for a variety of reasons to ensure the safety of a child whilst at school or whilst on school trips. Medical risk assessments are carried out in collaboration with staff and parents.
- Medical risk assessments are carried out whenever a child presents with a short to medium term injury that might be difficult to manage in school, such as a broken bone. Parents and staff will, again, be involved in drawing up the risk assessment and plan for the child.

Defibrillator

- A defibrillator is located in the staff room and training for staff to use it is provided as part of the school's ongoing training for staff.

Liability and indemnity

Local Advisory Boards of maintained schools and management committees of PRUs should:

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see appendix A for further details).
- Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies. This school policy sets out the details of the school's insurance arrangements (given earlier and detailed in Appendix A) which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.
- Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare 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.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation and a risk assessment made but there should be enough flexibility for all children to participate according to their own abilities. The school will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Home to school transport for pupils requiring special arrangements

This section sets out the arrangements to be made in relation to pupils with medical conditions travelling to and from school when home to school transport supplied by the local authority is used. This includes what should be done in emergency situations.

Home-to-school transport is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions. In addition:

- where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from the school and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.
- Schools should make every effort to provide relevant information they hold regarding pupils' transport needs to the Local Authority Passenger Transport Team so that risks to pupils are minimised during home to school transport, particularly if any needs change. For these pupils, all drivers and passenger assistants should have basic first aid training. Additionally, trained healthcare professionals may be required to support some pupils with complex medical needs.
- Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to the Passenger Transport Team before transport begins;
- it should be ensured each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare 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;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;

- send a child to the school office or medical room unaccompanied if they become ill;
- 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, which can be found on our website under the Parent Information tab.

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's coordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will, at all times, aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the **Springboard Service**. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full-time basis. These pupils may be:

- . children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which become significant in the longer term;
- a. pupils with mental health problems who are unable to attend school.

Some children with medical conditions may have a disability. Where this is the case, the LAB will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and an Education, Health and Care plan (EHCP) which brings together health and social care needs as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases, this means a return to mainstream education.

The school will continue to maintain contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

This policy will be reviewed regularly and will be accessible to parents/carers via the school website.

Appendix A: Delivery of interventions to meet pupils' medical needs: Insurance and liability

Teachers and teaching assistants may be involved in the delivery of certain medical interventions where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/postural support
- Caring for a child having a seizure
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

Insurance in Greenshaw Learning Trust Schools

Greenshaw Learning Trust maintains employer liability insurance cover for all members of staff namely

Markel International Insurance Company via London Borough of Sutton who act as brokers



Appendix B: Parental Agreement to Administer Medicines Form – Long Term

Medical Information & Parental Agreement to Administer Long Term Medication

Name of Child: _____ Class: _____

Medical condition(s) and action to be taken if occurring in school and off-site visits including symptoms & any triggers – please include any allergies your child may have.

Medical Condition(s) 1)	2)
List Symptoms(s) 1)	2)
Allergies:	
Any triggers?	
Action to Take:	

Medication to be kept in school? Yes or No

Allergy Action Plan Required? Yes or No

Suffers from Asthma? Yes or No Pump kept in school Yes or No

Asthma Plan completed ? Yes or No

Consent for use of Emergency Salbutamol Inhaler signed? Yes or No

Individual Healthcare Plan in place? Yes or No

Name of Medication: 1 _____

Dose & Instructions: _____

Expiry date: _____

Name of Medication: 2 _____

Dose & Instructions: _____

Expiry date: _____

(Please note all medication must be in date and in the original container and the child's name and dosage clearly labelled)

Name and daytime number of parent/carers:

Contact 1: _____

Contact 2: _____

Emergency contact name and phone number:

Name and phone number of GP:

The information provided is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff to administer the medication in accordance with the school policy. I have the responsibility to ensure that I inform the school immediately, in writing of any changes to my child's medication and to replace it when out of date.

I will hand the medication in to the school office and if it is required to be left in the school on an ongoing basis, I give my permission for it to be stored and administered in a safe manner.

Parent's signature: _____

Print name: _____

Address: _____

Agreed review date (if necessary): _____

Head Teacher's signature: _____



Appendix C: Parental Agreement to Administer Medicine Form – Short Term

Parental agreement to administer medicine – short term

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

Child's name: _____

Class: _____

Condition for which medicine has been prescribed: _____

Name and strength of medicine: _____

Expiry date: _____

Dose to be given: _____

When to give: _____

First day and date: _____ Last day and date: _____

Any other instructions (e.g., keep in fridge): _____

Note: Medicines must be in the original container with child's name and dosage clearly labelled

Daytime phone no of parent or

adult contact: _____

Name and phone no of GP: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if it is stopped. **I will hand the medicine in to the school office at the beginning of the day and arrange for its collection at the end of the day.**

Parent's signature: _____ Print name: _____

Agreed review date (if necessary): _____ Staff Initials: _____

Head Teacher's (or Deputy Head's) signature _____ *Cl Bamball* _____

Record of administration of medication

Name	
Class	
Consent to administer medication	Y / N

