



ADMINISTRATION OF MEDICINE A STATEMENT OF POLICY

Approved by	DD/SH
Portfolio	Policies
Approved on	Spring 23
Review date	Spring 26
Review Cycle	3 Year

Signed _____ Date _____

Administration of Medicine Policy

Philosophy:

We work in partnership with parents to enable regular attendance of their child at school. In doing so, we recognise the occasional need to cater for the safe use of medicines at school. We also recognise that children with long-term complaints or chronic illnesses such as asthma, diabetes or certain allergies may need to receive medication administered regularly at school.

Principles:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs.
- Medicines should only be taken to school when essential where it would be detrimental to a child's health were they not to be administered during the day.
- Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber.
- Non-prescribed medicines should **never** be given to a child, **except** in agreement with the school and **where** there is specific prior written permission given by parents in extenuating circumstances.

The principles underpinning this Policy

The Federation understands the importance of medication being taken as prescribed. Staff will understand the common medical conditions that affect children at the Federation.

Where a child has a long-term medical need, a written Intimate Care and Health Plan will need to be drawn up with the school, parent/carer, and with the support of a health professional if required. A letter confirming the need for the medication will be required from the relevant health professional.

It is the responsibility of the parent/carer to inform the school or setting (after school club etc.) about any needs before a child or young person is admitted or when a child or young person first develops a medical need. The school and the setting need separate notifications.

The Federation understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions are identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Separate guidance is provided on these common medical conditions as part of this Policy.

Risk assessments

The Federation will have in place and keep risk assessments up to date covering the administration of medicines.

Responsibilities

Parents and Carers

The Federation believes it is important that parent/carers are involved in appropriate discussions with the school regarding the administration of medicines whilst in school.

If the school staff agree to administer medication on long/short term or occasional basis, the parent/carer are required to complete a consent form. **Verbal instructions will not be accepted.**

Children must not self-administer medication at school.

All children/young people requiring regular support or monitoring in school for a medical condition or intervention in an emergency arising from an existing medical condition will need an Intimate Care and Health Plan. The Headteacher or members of the Senior Leadership Team will therefore consult with parents/carers and young people (wherever possible), developing and implementing child/young person's specific health and care plans with supporting written information from a medical professional.

The Intimate Care and Health Plan will provide clarity about:

- The child/young person's medical condition
- What needs to be done to help them in school (including any emergency protocols)
- When this needs to happen
- Who should provide the support needed

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date/pharmacist details
- Sealed bottle

The child's or young person's voice

The Federation believes it is important that the child or young person, subject to their understanding, should be involved in discussions regarding the administration of their medicines in the school. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

School staff

There is no legal or contractual duty within the Schools Teacher's Pay and Conditions Document (STPCD) that requires teaching staff to administer medications, but teachers may voluntarily agree. However, importantly, the duty (on schools) remains and as such, school leaders and governing bodies will need to ensure children and young people's needs are met by providing support and training to staff to undertake these duties and responsibilities. Where such duties and responsibilities become a regular part of the post, consultation with staff should take place with a view to incorporating them into the employees' job description. Where required the post may need to be subject to further job evaluation. If there are insufficient volunteers from existing staff (teachers and support staff), support staff job descriptions will need to be reviewed so that the school can meet the needs of children. In some situations, where voluntary solutions cannot be found, schools may need to formally review their staffing structures and reorganise staffing by dis-establishing and establishing new posts. In all cases, headteachers are strongly advised to explore voluntary solutions through consultation to determine how children and young people's needs can be met and understand why staff may be reluctant or unwilling to undertake such duties. In most situations staff concerns can be allayed through discussion, support, and training. In some cases, job descriptions will contain or be amended to include specific requirements in an individual's job description or staff may formally elect to support children and young people in this way.

The school will ensure that all staff involved in the administration of medicines must be appropriately trained to undertake these responsibilities.

More generally the school will ensure all staff understand their duty of care to children and young people in the event of an emergency and are confident about what to do in such an emergency.

Intimate Care and Health Plans

The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth will complete the Intimate Care and Health Plan with the parents/carers, the child or young person (wherever possible), together with supporting written information from a medical professional and relevant school staff, when a child or young person requires regular support or monitoring in school for a medical condition or may require intervention in an emergency arising from an existing medical condition. Intimate Care and Health Plans are not usually required for short term illnesses.

The Children's Community Nursing Team (NHS Foundation Trust) will provide support to co-ordinate obtaining the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified.

The Intimate Care and Health Plan should include the following information:

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

An example of Intimate Care and Health Plan can be found in appendix 1.

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into and EHC Plan.

Storage

When items need to be available for emergency use, e.g. asthma pumps and EpiPen's, they will be kept in the class medical box. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use by children and or staff.

When prescription items are held by the school for administration by school staff, they must be stored in a fixed lockable cupboard/cabinet, with restricted access keys.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily 'Ritalin@ prescribed for Attention Deficit Disorder) are kept on the school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent/carer, e.g. at the end of term. These drugs must be kept in a locked cabinet within a room with restricted access (staff only).

Prescription medicines including Antibiotics

Ultimately, parents are responsible for managing their child's health and as such, most prescription medicines will be administered at home. For instance, medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child or young person's health or attendance not to do so, prescription medicines should be administered at the school or setting.

Schools and settings should only ever administer prescription medicines:

- Where parental written consent is provided in advance, and with agreement of the Senior Leadership Team
- Where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- In line with the prescriber's instructions (staff should never make clinical decisions about medication or make changes to dosages at parental request)

Medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this requirement. School should keep a record of this information.

Medicines should be handed over by parents (not children) to the school office of designated member of staff. They must be stored on site in a dedicated, locked storage cupboard (ideally a medicines cabinet). Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely.

Some medicines (insulin and liquid antibiotics) need to be kept in a purpose designed fridge for medicine storage. They key requirements for the fridge are:

- A digital minimum/maximum thermometer, ideally integrated and readable from the outside of the fridge and ability to data log temperatures
- Maintain temperatures between 2°C and 8°C
- All refrigerators used for storing medicines should be of pharmaceutical grade and meet the Medicines and Health Regulatory Agency (MHRA) guidelines on 'Control and Monitoring of Storage and Transportation Temperatures of Medicinal Products'.
- Meet W.H.O performance criteria (E3/PROC/3/2)

Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:

- Parental agreement form
- Expiry date of the medicine
- Child or young person's name tallies with the name on the medicine container
- Prescribed dose and the way it is to be taken
- Prescribed frequency of dose and confirm that this has not been exceeded

The medicine can then be administered in accordance with the prescriber's instructions. If staff are uncertain or in doubt, they should not administer medication; they should contact the head teacher or a member of the Senior Leadership Team so that further information can be clarified with the child or young person's parents before proceeding.

It is vital that clear records are always maintained by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Any side effects should be noted. This must be completed immediately after administration. If a child or young person refuses medicine, the record must state this, and the parents must be informed at the earliest possible opportunity.

The Federation will ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home.

Non-prescription (over the counter) medicines

The Federation may administer non-prescription medicines at the discretion of the Headteacher. As with prescription medicines, they should only be given where it would be detrimental to the child or young person's health or attendance not to do so. Therefore, this should be the exception rather than the norm.

The types of non-prescription medicines the school may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines, especially to suit the requirements of a school or setting.

The school will **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child or young person has returned to education following an illness or injury.

Parents/carers are ultimately responsible for their child's health and it is not expected that the school will administer non-prescription medicines to 'keep' a child or young person in the school or setting if they are simply too unwell to attend.

When agreeing to administer non-prescription medicines, schools and settings should always:

- Ensure they obtain written parental consent prior to administering medication
- Check the medicine is suitable for the age of the child or young person
- Check the medicine has been administered without adverse effect in the past
- Label the medicine with the child or young person's name and store this safely (as per prescription medicines)
- Ensure any medication administered is recorded appropriately and parents are informed on the day

In the instance of administering any medication for pain relief, the school and setting will check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.

The school and setting will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Disposal of Medicine

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each term.

Residential Visits

On occasion it may be necessary for a school to administer an 'over the counter' medicine in the event of a child and young person suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form (EV4) will provide an 'if needed' authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child or young person refuses medicine, the parent/carer should be informed immediately and be recorded accordingly. Staff cannot force a child to take any medicine.

Self-Management

Children and young people will be encouraged to take responsibility for their own medicine from an early age. A good example of this is children/young people keeping their own asthma reliever.

Travel Sickness

In the event of a child or young person suffering from travel sickness (by coach, boat or public transport), they should be given the appropriate medication before leaving home, and when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked, sealed envelope with the child's details, contents and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.

Emergencies

The school must have detailed arrangements in place for dealing with emergency situations. All staff will receive yearly updates on what action to take in an emergency.

For children and young people with medical conditions which might result in an emergency, an emergency protocol must be agreed and included in the Intimate Care and Health Plan. Staff should have received training in the procedure to be followed and any medication to be administered.

The Headteacher should ensure that relevant staff have information about the child or young person, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called. This information will be held in the grab bag and contain details about the child or young person's medical condition, including their Intimate Care and Health Plan. In an emergency, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children or young people to hospital in their own vehicle. If a parent/carer cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent/carer arrives.

Member of staff accompanying children or young people to hospital cannot give consent for any medical treatment, as they will not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents/carers cannot be contacted and will assume the responsibility for subsequent actions as set out in their code of practice. The school should, however, be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) which they should communicate to hospital staff.

A. Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff that have volunteered and have been designated as appropriate by the Headteacher and has received the appropriate training.

- There should be an Intimate Care and Health Plan and consent form in place for each child or young person – these should be readily available.
- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The EpiPen should be readily accessible for use in an emergency and where children or young people are of an appropriate age; the EpiPen can be carried on their person.
- Expiry dates and discolouration of contents should be checked daily.
- The use of the EpiPen must be recorded on the child's or young person's care plan with; time, date and full signature of the person who administered the EpiPen.
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent / carers' responsibility to renew the EpiPen before the child returns to school.

- If the child or young person leaves the school site e.g. school trips, the EpiPen must be readily available

B. Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children or young people with their inhalers a consent form from the parent / carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers must be readily available when children or young people need them. Children and young people should be encouraged to carry their own inhalers. If the child or young person is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year. • All inhalers should be labelled with the child's / young person's name.
- Some children or young people, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other children and young people misuse inhalers.
- The parent / carer should be responsible for renewing out of date and empty inhalers.
- The parent / carer should be informed if a child or young person is using the inhaler excessively.
- Physical activities will benefit children and young people with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler must be available during PE and games. If children and young people are unwell, they should not be forced to participate.
- If children and young people are going on off-site visits, inhalers must still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues, and hazardous substances. Care should be taken to ensure that any children and young people who reacts to these are advised not have contact with these.

C. Guidelines for Managing Hypo Glycaemia (Hypo's or Low Blood Sugar) in children and young people who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In most children or young people, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children and young people with diabetes can also become unwell as a result of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

To prevent “hypo’s”:

- There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent / carer. Staff should be familiar with children and young people’s individual symptoms of a “hypo”. This will be recorded in the care plan.
- Children and young people must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer.

To treat “hypo’s”:

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child or young person may experience a “hypo”. Symptoms may include sweating, pale skin, confusion, and slurred speech. • Treatment for a “hypo” might be different for each child or young person, but will be either dextrose tablets, or sugary drink, chocolate bar or hypo-stop (dextrose gel), as per the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children and young people will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child or young person has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting, a 999 call must be made, and the child or young person put in the recovery position. Do not attempt oral treatment. The parent / carer should be informed of “hypo’s” where staff have issued treatment in accordance with the health and care plan. Page | 16 Version 2.0 (April 2021)

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child’s Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious

D. Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other children and young peoples. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences, and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections). When they return to school the child or young person may have physical differences due to treatment side effects.

These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's or young person's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts.

Wherever possible the child or young person should be enabled to start in the same ability sets as before, unless they specifically want to change groups. Regularly revise the child's or young people's timetable and school day as necessary.

Having a Key Person at school

It is helpful to have one "key" adult that the child or young person can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available.

Physical Activity

Plan for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the child or young person to have a buddy to carry their bags.

Some children and young people may not want to be left out during PE despite tiredness or other physical limitations. Include the child or young person as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's or young person's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child or young person, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child or young person) call 999 for an ambulance and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Further Information and Guidance

Asthma UK

www.asthma.org.uk

Diabetes UK

www.diabetes.org.uk

Epilepsy Action

www.epilepsy.org.uk

CLIC Sargent (Cancer)

www.clicsargent.org.uk

Appendices

Appendix 1: Intimate Care and Health Plan

Appendix 2: Parental Agreement to Administer Medicine

Appendix 3: Administration of Medicines Record Form (Class 1 and 2 drugs)

Appendix 4: Permission Letter for Administration of Medicines

Appendix 5: Medical Permission Form – GP

Appendix 6: Record of Medicine Administered to an Individual Child

Appendix 7: Record of Medicine Administered to all Children

Appendix 8: Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

This policy should be read in conjunction with the school's Child Protection Policy, Drugs Education and GDPR/Data Protection Policy and regulations.

APPENDIX 1

Intimate Care and Health Plan

Name of School/Setting:	
Child's Name:	
Date of Birth:	
Year Group:	
Child's Address:	
SEN Primary Need if applicable:	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		Contact 2	
Name		Name	
Relationship to Child		Relationship to Child	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic/Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements (e.g. before sport/at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):

APPENDIX 2

Parental Agreement to Administer Medicine

This form must be completed by the Parent/Carer

Name of School/Setting:	
Child's/Young Person's Name:	
Date of Birth:	
Year Group:	
Child's/Young Person's Address:	
Medical Condition or Illness	
Name of Medication:	
Procedures to be taken in an emergency:	

Medicine

Name/type of medicine	
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	

Medicines must be in the original container as dispensed by the pharmacy

Contact Information

Name:	
Daytime Phone No.;	
Relationship to Child/Young Person:	

APPENDIX 4

To the Parent/Carer of:

It is very important that medicines you wish the school to administer are authorised by your GP, Hospital Consultant or appropriate health professional. Without their signature, authorised staff cannot give any type of medicine to the students in school.

We kindly ask that your GP/Consultant to complete the attached form and return it with the medicines prescribed to the nominated responsible person in school.

You will need to have a new form completed if the type and dosage of the medicine is changed. The medicines **must** be provided in their original packaging (not broken down and placed in envelopes).

Please remember that any prescribed medicine that is administered by the school **must** be removed from the school premises on the last day of the summer term by the parent/carer in arrangement with a competent member of staff. These forms are available from the school.

Yours sincerely

Mrs E Grainger
Headteacher

APPENDIX 5

Medical Permission Form – GP

Child's/Young Person's Name:	
Date of Birth:	
Child's/Young Person's Address:	
GP Name:	
GP Phone No.	

List of Prescribed Medicines

Name of Medication and Strength	Dosage	Frequency	Duration	Date to Commence

Additional Instructions:

GP Signature:	
Date:	

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Year group	
Quantity received	
Name & 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			

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

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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			

APPENDIX 8

Letter inviting parents to contribute to individual healthcare plan development

Dear parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people.....

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or another member of staff involved in a plan development or pupil support) would be happy for you to contact me (them) by email or to speak by phone if this would be helpful.

Yours sincerely