



The Federation of the Church Schools of
Shalfleet and Freshwater & Yarmouth
Together for a Brighter Future

ADMINISTRATION OF MEDICINE A STATEMENT OF POLICY

Approved by	DD/SH
Portfolio	Policies
Approved on	Spring 26
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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 will only be administered when essential and where it would be detrimental to a child's health or attendance if not given.
- Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber.
- The school follows the Children and Families Act 2014, Health & Safety at Work Act, Supporting Pupils with Medical Conditions in School (DfE), and relevant health and safety legislation.
- 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.
- Staff will act in the best interests of the child at all times.
- All medical information will be treated confidentially.
- Parents and school will work together to ensure medical needs do not become a barrier to attendance, in line with Working Together to Improve School Attendance.

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 on school premises, unless this is part of a documented IHP.

Here is a clear, policy-ready rewording that keeps the meaning intact while improving flow, structure, and professionalism. I've also included the required **inline exploration highlights**.

Intimate Care and Health Plans

Any child or young person who requires regular medical support, ongoing monitoring, or may need emergency intervention due to an existing medical condition will require an Intimate Care and Health Plan (ICHP). The Headteacher or a member of the Senior Leadership Team will work in partnership with parents/carers and, wherever appropriate, the child or young person, to develop a personalised plan. This will be supported by written guidance from a relevant medical professional.

- **intimate care and health plan requirement**

Purpose of the Intimate Care and Health Plan

The ICHP will set out clearly:

- The child or young person's medical condition
- The support required in school, including any emergency procedures
- When this support should be provided
- Who is responsible for delivering the support?
- **plan purpose and content**

Parent/Carer Responsibilities

Parents/carers must ensure that:

- There is always an adequate supply of medication in school
- All medication provided is **in date**
- Medication is replaced promptly when requested by school or health professionals
- Medication is supplied in its **original container**, clearly labelled with:
 - Child's name and date of birth
 - Name and strength of medication
 - Prescribed dose
 - Expiry date (where available)
 - Dispensing date and pharmacist details
 - A sealed bottle or packaging
- **parent responsibilities for medication**

Developing the Plan

The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth will complete the ICHP with parents/carers, the child or young person (where possible), relevant school staff, and with written medical advice. ICHPs are required for **long-term or ongoing medical needs**, and are **not normally needed for short-term illnesses**.

- **plan development process**

Support from Health Professionals

The Children's Community Nursing Team (NHS Foundation Trust) may assist by:

- Helping gather the medical information needed
- Advising on training requirements for staff
- Supporting the delegation of specific healthcare tasks
- **health professional involvement**

Information Included in the Plan

Each ICHP will include:

- Details of the child's medical condition
- Any special requirements (e.g., dietary needs, activity precautions, medication side effects)
- What constitutes an emergency
- Actions to take in an emergency
- Actions that **must not** be taken
- Emergency contact details
- The role of school staff in supporting the child
- **plan content requirements**

An example ICHP is provided in **Appendix 1**.

Reviewing the Plan

ICHPs will be reviewed **at least annually**, or sooner if:

- The child's condition changes
- The level of support required changes
- New medical advice is received
- **plan review expectations**

ICHPs may be appended to, or incorporated within, an **Education, Health and Care (EHC) Plan** where appropriate.

- **link to EHC plans**

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.

Staff Responsibilities and Deployment

There is **no legal or contractual requirement** within the School Teachers' Pay and Conditions Document (STPCD) for teaching staff to administer medication. Teachers may choose to do so on a voluntary basis. However, the **legal duty to meet pupils' medical needs rests with the school**, and therefore school leaders and governing bodies must ensure that appropriate arrangements, support, and training are in place.

- **staff duty clarification**

Where the administration of medication becomes a **regular and necessary element** of a role, the school will consult with staff and consider incorporating these duties into the relevant job description. Where appropriate, posts may require **job evaluation** to reflect these responsibilities.

- **job description considerations**

If there are insufficient volunteers among existing staff, the school may need to **review support staff job descriptions** to ensure that pupils' needs can be met. In some circumstances, where voluntary solutions cannot be identified, the school may need to **review and reorganise staffing structures**, including the establishment or dis-establishment of posts.

- **staffing structure review**

Headteachers are strongly encouraged to seek voluntary solutions first, through open consultation, to understand any concerns staff may have about undertaking medical duties. In many cases, staff concerns can be addressed through **discussion, reassurance, and appropriate training**. Some staff may choose to take on these responsibilities formally, and in other cases job descriptions may be amended to reflect specific medical duties.

- **consultation and training approach**

The school will ensure that **all staff involved in administering medication receive appropriate training** and feel confident and competent in carrying out these responsibilities.

- **training requirement**

More broadly, the school will ensure that all staff understand their **duty of care in an emergency** and are confident in the actions required to safeguard children and young people should an emergency arise.

- **emergency duty of care**

Storage of Medicines

The school will ensure that all medicines are stored safely, securely, and in accordance with statutory guidance and manufacturer instructions. Proper storage protects children, prevents misuse, and ensures medication remains effective.

- **medicine storage principles**

1. General Storage Requirements

- All medicines must be stored in a **locked, non-portable cabinet** that is inaccessible to pupils.
- Medicines requiring refrigeration will be kept in a **dedicated medical fridge**, separate from food, with restricted access.
- Only authorised staff may access stored medicines.
- Storage areas must be clean, dry, and maintained at appropriate temperatures.
- **general storage requirements**

2. Emergency Medicines

Emergency medicines must be **readily accessible** at all times but kept safely out of pupils' reach. These include:

- EpiPens
- Asthma inhalers
- Emergency diabetes treatments (e.g., Hypostop)
- Seizure medication
- **emergency medicine access**

Emergency medicines will be stored in clearly labelled, easily accessible locations known to all staff, including lunchtime supervisors.

3. Controlled Drugs (Class 1 and 2)

Controlled drugs will be:

- Stored in a **locked, non-portable cabinet** within a locked room
- Recorded in a **controlled-drug register** when received, administered, or returned
- Counted and checked regularly by two authorised staff members
- **controlled drug storage**

Pupils must never carry controlled drugs.

4. Prescription Medicines

Prescription medicines must be stored:

- In their **original pharmacy-labelled container**
- With the child's name, dosage, and instructions clearly visible
- In a secure location appropriate to the medicine type
- **prescription medicine storage**

5. Non-Prescription Medicines

Non-prescription medicines will be stored securely in the same manner as prescription medicines and must be clearly labelled with the child's name.

- **non-prescription medicine storage**

6. Medicines Requiring Refrigeration

Some medicines (e.g., certain antibiotics, insulin) require cold storage. These will be kept in a **medical refrigerator** that:

- Is used only for medication
- Has restricted access
- Is temperature-monitored
- **refrigerated medicine storage**

7. Pupil-Carried Medication

Pupils must not carry medication unless this is part of an agreed **Individual Healthcare Plan** (e.g., inhalers for older pupils).

- **pupil-carried medication rules**

Where self-management is agreed, medicines must still be stored safely when not in use.

8. Labelling and Organisation

All medicines must be clearly labelled with:

- Child's name
- Name and strength of medication
- Dose and frequency
- Expiry date
- **medicine labelling requirements**

Medicines will be organised so that each child's medication is stored separately to avoid errors.

9. Expiry Dates and Checks

- Staff will check expiry dates regularly.
- Parents will be notified when medication is nearing expiry.
- Out-of-date medication must be collected by parents and will not be administered.
- **expiry date monitoring**

10. Security and Access

- Only trained and authorised staff may access medication storage areas.
- Keys will be held securely and only by designated staff.
- A record of access may be maintained for controlled drugs.
- **secure access procedures**

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 are expired or no longer required will be returned to parents/carers so they can dispose of them safely, usually by returning them to a pharmacy. As part of routine practice, all medicines will be sent home at the end of each term and, where still required, brought back to school at the start of the following term.

- **medicine disposal procedures**

Residential Visits

During residential or educational visits, it may occasionally be necessary for staff to administer **over-the-counter medication** if a child develops a minor ailment such as a cold or sore throat. The Parental Consent Form (EV4) provides "if needed" permission for this. Before administering any such medication, the group leader will contact the parent/carer to confirm consent. A written record of the administration must be kept with the visit documentation.

- **residential visit medication procedures**

Refusing Medicine

If a child refuses to take their medication, staff must not force them. The refusal must be recorded, and parents/carers must be informed on the same day.

- **refusal of medicine procedures**

Self-Management

Children will be encouraged to develop independence in managing their medical needs when appropriate and safe. For example, some children may keep their own asthma reliever inhaler, as agreed within their Individual Healthcare Plan.

- **self-management guidance**

Travel Sickness

If a child is prone to travel sickness, parents/carers should administer the appropriate medication before the child arrives at school for a trip. With written consent, staff may administer a further dose before the return journey. This must be provided in a **clearly labelled, sealed envelope** containing the child's details, medication name, and time of administration. The medication will be held by a named member of staff, who will sign the consent form before it is added to the visit documentation.

- **travel sickness procedures**

Emergencies

The school will maintain clear procedures for managing medical emergencies. All staff will receive annual training on emergency actions.

- **emergency procedures overview**

For children with medical conditions that may lead to an emergency, an **emergency protocol** will be included in their Intimate Care and Health Plan. Staff supporting the child must be trained in the relevant procedures and in administering any emergency medication.

- **emergency protocol requirements**

The Headteacher will ensure that relevant staff know where the child's medical information is stored and can provide this to emergency services if needed. This information will be kept in the school's **grab bag**, including the child's Intimate Care and Health Plan. Parents/carers must also be contacted in an emergency.

- **emergency information access**

An ambulance must be called whenever necessary. Staff must not transport children to hospital in their own vehicles. If a parent/carer cannot be reached to accompany their child, a member of staff will travel with the child and remain with them until a parent/carer arrives.

- **ambulance and supervision procedures**

Staff accompanying a child to hospital **cannot give consent** for medical treatment, as they do not hold parental responsibility. Hospitals have their own procedures for emergencies when parents cannot be contacted and will act accordingly. The school should, however, make hospital staff aware of any known religious or cultural considerations relevant to the child's care.

- **hospital consent and cultural considerations**

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 schools 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 of 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 peoples 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 react to these are advised not to have contact with them.

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 starch 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 activates):

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 3

Administration of Medicines Record Form (Class 1 and 2 Drugs)

Child's/Young Person's Name:	
Year Group:	

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 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			

APPENDIX 7

Record of Medicine Administered to all Children

Name of school/setting	
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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