Summercroft Primary – an Academy School
achieving through care, challenge and creativity
Statutory Policy

Supporting Children with Medical Conditions and Managing Medication in School

Date of Approval: November 2024	
This policy will be reviewed in full by the LPP Committee every 2 years.	
Date for Review: November 2026	
Signature 	Date November 2024
Head Teacher	
Signature 	Date November 2024
Chair of Governors	

LINKED DOCUMENTS
Safeguarding Policy
Health and Safety Policy
Keeping Children Safe in Education

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This policy is divided into sections:

Appendices

Protocols and guidelines for the administering of school held emergency medication are as follows:

For Salbutamol inhalers:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

For Epipens:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

For Calpol and Piriton

see Appendices 6 and 7

PART 1: Supporting Children with Medical Conditions

Introduction

Summercroft is welcoming and supportive of pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

1. We will listen to the views of pupils and parents/carers.

2. Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.

3. Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.

4. Staff understand their duty of care to children and young people and know what to do in the event of an emergency.

5. Summercroft understands that all children with the same medical condition will not have the same needs. Our school will focus on the needs of each individual child.

6. We recognise our duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE Supporting Children with Medical Conditions guidance). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the SEND Policy.

Training

Staff understand and receive annual training updates for known medical conditions within the school and are trained in what to do in an emergency for children with those medical conditions.

1. All staff are made aware of the medical conditions at our school and understand their duty of care to pupils in an emergency.

2. All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school, have an individual healthcare plan (IHCP), which explains what help they need both on a daily basis and in an emergency. The IHCP will accompany a pupil should they need to attend hospital. This school seeks permission from parents and carers before sharing any medical information with any other party. Consent will be evidenced by approving the IHCP in Medical Tracker.
3. Our school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

4. Staff providing individual support should attend all meetings where specific care requirements are discussed.

5. In the event that the staff trained to support any child with an IHCP in school are absent, then parents will be required to come to school to administer medication. The school will give as much notice as possible to parents/carers if this situation arises.

6. This school has chosen to hold the following emergency medications in school which can be administered only if parental consent has been obtained:-
   - Salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler.
   - An adrenaline auto-injector for use by pupils who have been prescribed an epi-pen.
   - Calpol and Piriton.

Protocols for use of these are shown on page 1.

Administering Medication

This school has clear guidance on providing care and support and administering medication at school.

1. This school understands the importance of medication being taken and care received as detailed in the pupil's IHCP which will be reviewed as a matter of course on an annual basis. It is the responsibility of the parent to inform the school of any medical changes that occur in between the reviews.

2. Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.

3. Our school will make sure that, in line with the IHCP, there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. **This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.**

4. We will not give prescription or non-prescription medication without a parent's written consent. This may be obtained retrospectively if verbal authorisation has been given by phone. In this case, the parent must come to the School Office at the end of the days to sign the consent form.

5. All medication must be in the original packaging/container, in date and labelled with the child's name.

6. When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given on the form completed by parent. We will not administer more than the dosage indicated on the packaging nor medication that is not age related. All medication administered will be recorded on the appropriate form.

7. No child under the age of 16 will be given a medicine containing Aspirin unless prescribed by a doctor.

8. Our school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays and all medication given will be recorded.

9. Parents and carers at this school understand that they should let the school know immediately if their child's needs change in order for the IHCP to be updated.

10. If a pupil needs to attend hospital, a member of staff (known to the pupil) will accompany them and stay with them until a parent or carer arrives.

Storage of Medication

This school has clear guidance on the storage of medication and equipment at school.

1. This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens are readily available wherever the child is in the school and on off-site activities, and are not locked away.

2. Those pupils deemed competent by their parents/carers to carry and use their own medication/equipment safely will be identified and recorded through the pupil's IHCP in agreement with parents/carers.

3. Our school stores controlled drugs securely.

4. This school makes sure that all medication is stored safely, and that pupils with medical conditions know where their medication is located at all times and have access to it immediately. This applies to asthma inhalers, epi-pens and other emergency medication. Under no circumstances will medication be stored in first aid boxes.

5. Routine medication such as pain relief or antibiotics will be stored in a locked cabinet/ fridge and only administered by staff if the relevant form has been completed by the parent. Locked cabinets for medication requiring refrigeration are located in:-
   - KS1 building – refrigerator in the staff room
   - KS2 building – refrigerator in the first aid room adjacent to the main office

6. This school will only accept medication that is in date, labelled and in its original container including instructions for administration, dosage and storage instructions. The exception to this is insulin, which must still be in date and which will generally be supplied in an insulin injector pen or a pump.

7. In line with each IHCP, it is the responsibility of the parents and carers to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term or as and when it reaches its expiry date as detailed on the IHCP.

8. This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and supplied by the parent. For offsite visits, parents will be required to provide a secure small box for disposal of sharps during the visit and will be returned to the parent to empty at the end of the trip.

9. Before the sharps box is full, parents will be informed so another can be ordered. Full boxes will be returned to the parent for disposal.

10. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Competency will be assessed during completion/review of the IHCP. Monitoring arrangements may also be necessary. We will otherwise keep controlled drugs that have been prescribed for a pupil in a securely stored non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

11. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the instructions on the packaging. We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in the IHCP.

12. When no longer required, medicines will be returned to the parent to arrange for safe disposal.

Record Keeping

This school has clear guidance about record keeping.

1. As part of the school's admissions process parents/carers are asked if their child has any medical conditions and a meeting will be held to complete an IHCP for the child. These procedures also cover transitional arrangements between schools.

2. It is the responsibility of the parent to keep the school informed of any changes to a child's medical needs during the school year.

3. This school uses an IHCP to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated named member of staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEND but does not have an EHCP, their special educational needs are mentioned in their IHCP if relevant.

4. This school has a centralised register of IHCPs (Medical Tracker), and an identified member of staff has the responsibility for this register. The person responsible in our school is Mrs Lauren Creed.

5. IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.

6. To provide the best possible care for children at Summercroft, parents/carers are required to provide the school with full and complete medical details around their child's condition. The IHCP cannot be signed off and implemented until this is done.

7. The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and the school office hold a copy of the IHCP. A copy of the IHCP is also held in the medical folder in the child's classroom and the class teacher must make himself/herself aware of the child's medical needs at the start of each academic year.

8. It is the responsibility of the class teacher to make supply staff aware of the medical needs of pupils in that class.

9. This school makes sure that the pupil's confidentiality is protected.

10. This school seeks permission from parents and carers before sharing any medical information with any other party. Consent will be evidenced by approving the IHCP in Medical Tracker.

11. This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

The school environment

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

1. This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to providing an accessible physical environment for out-of-school activities.

2. This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

3. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying charter, to help prevent and deal with any problems. We use opportunities such as PSHCE and science lessons and appropriate resources including books to raise awareness of medical conditions to help promote a positive environment.

4. Summercroft understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

5. Summercroft ensures that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. Staff should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

6. Any necessary preparations identified on the IHCP for physical activity should be completed and recorded.

PE and offsite visits

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

1. Summercroft makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

2. All staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

3. Summercroft will not penalise pupils for their attendance if their absences relate to their medical condition.

4. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

5. Pupils at Summercroft learn what to do in an emergency through assemblies, PSHCE and talking groups etc

6. Summercroft makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and it is the responsibility of the class teacher to ensure that plans are put in place for any additional medication, equipment or support that may be required.

Triggers

Summercroft staff are aware of the common triggers that can make common medical conditions worse or can bring on an emergency and specific triggers for individual children will be identified on the IHCP.

1. The school is committed to identifying and reducing triggers both at school and on out-of-school visits.

2. Staff are given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

3. The IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

4. Summercroft reviews all medical emergencies and incidents to analyse how they could have been avoided, and changes school policy in accordance with any review.

Roles & responsibilities

Each member of the school community knows their roles and responsibilities in maintaining and implementing an effective policy supporting children with medical conditions.

1. This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's board of governors, all staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

2. In evaluating the policy, this school considers feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

3. Key roles and responsibilities are outlined in Appendix 2.

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:-

1. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

2. assume that every child with the same condition requires the same treatment.

3. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)

4. send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.

5. send them to the school office or medical room unaccompanied or with someone unsuitable whenever a child becomes ill

6. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.

7. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical conditions.

8. 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.

9. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Additional information

- Department of Health Guidance on the use of emergency salbutamol inhalers in schools.
- Defibrillators in schools
- DFE Statutory Guidance Supporting Pupils with medical conditions at school

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.

PART 2: Managing Medication in School

Introduction

1. Since September 2014 there has been a statutory duty for Governing bodies to make arrangements to support pupils at school with medical conditions. To that end Summercroft Primary School has adopted a model policy based on the DfE requirements.

2. Some children with medical needs are protected from discrimination under the Equalities Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. Thus reasonable adjustments and support must be provided to ensure pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child.

3. For children with long term medical conditions, please refer to Part 1 of this policy "Supporting Children with Medical conditions. This section provides guidance for managing medication for those children with short term medication requirements.

Administration of medication

1. It is standard practice for schools to request pupil medical information and updates regularly. The onus is on parents/ carers to provide relevant and adequate information to schools.

2. If medication is to be administered to a child during school hours, a form entitled 'Parental agreement to administer medication' Appendix 4 must be completed in full by a parent/carer detailing the medical issue, times of administration, dosage and method of administration.

3. Medication must be in date, in its original container/packaging and clearly labelled with the child's name. When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given on the form completed by parent. We will not administer more than the dosage indicated on the packaging nor medication that is not age related. All medication administered will be recorded on a 'Medication use report' in Medical Tracker.

4. All medication administered whilst on a school trip should be recorded on a 'Record of medication administered to an individual child' form. See Appendix 5. This will then be uploaded onto Medical Tracker following the trip.

5. Whilst as far as is reasonable, parents/carers should be encouraged to provide support and assistance in helping the school accommodate pupils with healthcare needs, it is not generally acceptable to require parents/carers to attend school in order to administer medication or provide other medical support.

6. Medication will only be administered by schools when it would be detrimental to a child's health or school attendance not to do so.

7. A documented record of **all** medication administered (both prescribed and non-prescribed) should be kept within Medical Tracker. Where this online version is unavailable appendices 4 and 5 shall be used.

8. No child under 16 should be given any medication without their parent's written consent, except in exceptional circumstances. This may be obtained retrospectively if verbal authorisation has been given by a parent by phone. In this case, the parent must come to the School Office at the end of the school day to sign the consent form.

Refusing medication

1. If a child refuses to take medication, staff should not force them to do so but note this in the records and inform parents/carers as soon as possible.

2. If a pupil misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible and the school's disciplinary procedures are followed.

Prescribed and non-prescribed medication

1. It is helpful, where possible for medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. Medicines prescribed to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this.

2. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

3. Schools should never accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction. In all cases it is necessary to check:-

    - Name of child
    - Name of medicine
    - Dosage
    - Written instructions (frequency of administration, likely side effects)
    - Expiry date

4. **A child under 16 should never be given medicine containing aspirin, unless prescribed** by a doctor. There are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain.

Storage

1. Large volumes of medication will not be stored in our school. Routine medication such as pain relief or antibiotics will be stored in a locked cabinet and only administered by staff if the relevant form in Appendix 4 has been completed by the parent. Locked cabinets for medication requiring refrigeration are located in:-

    - KS1 building – refrigerator in the staff room
    - KS2 building – refrigerator in the first aid room adjacent to the main office

2. Pupils should know at all times where their own medication is stored and how to obtain it.

3. Under no circumstances should medicines be kept in first-aid boxes in classrooms.

Disposal

Any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible it should be returned to a pharmacist for safe disposal. UN approved sharps containers should always be used for the disposal of needles or other sharps, these should be provided by parents and be kept securely at school (e.g. within first aid /medical room) and if necessary provision made for off-site visits. All sharps boxes to be collected and disposed of by parents.

Record keeping

1. Schools should keep an accurate record of all medication administered, including the dose, time, date and member of staff supervising. See Appendices 4 and 5.

Offsite visits, PE and breaktimes

1. It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures.

2. Where necessary individual risk assessments should be conducted as part of the offsite planning process.

3. Medicines should be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled with the child's name).

4. If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work/lesson plans to reflect differentiation/changes to lesson delivery.

Complaints

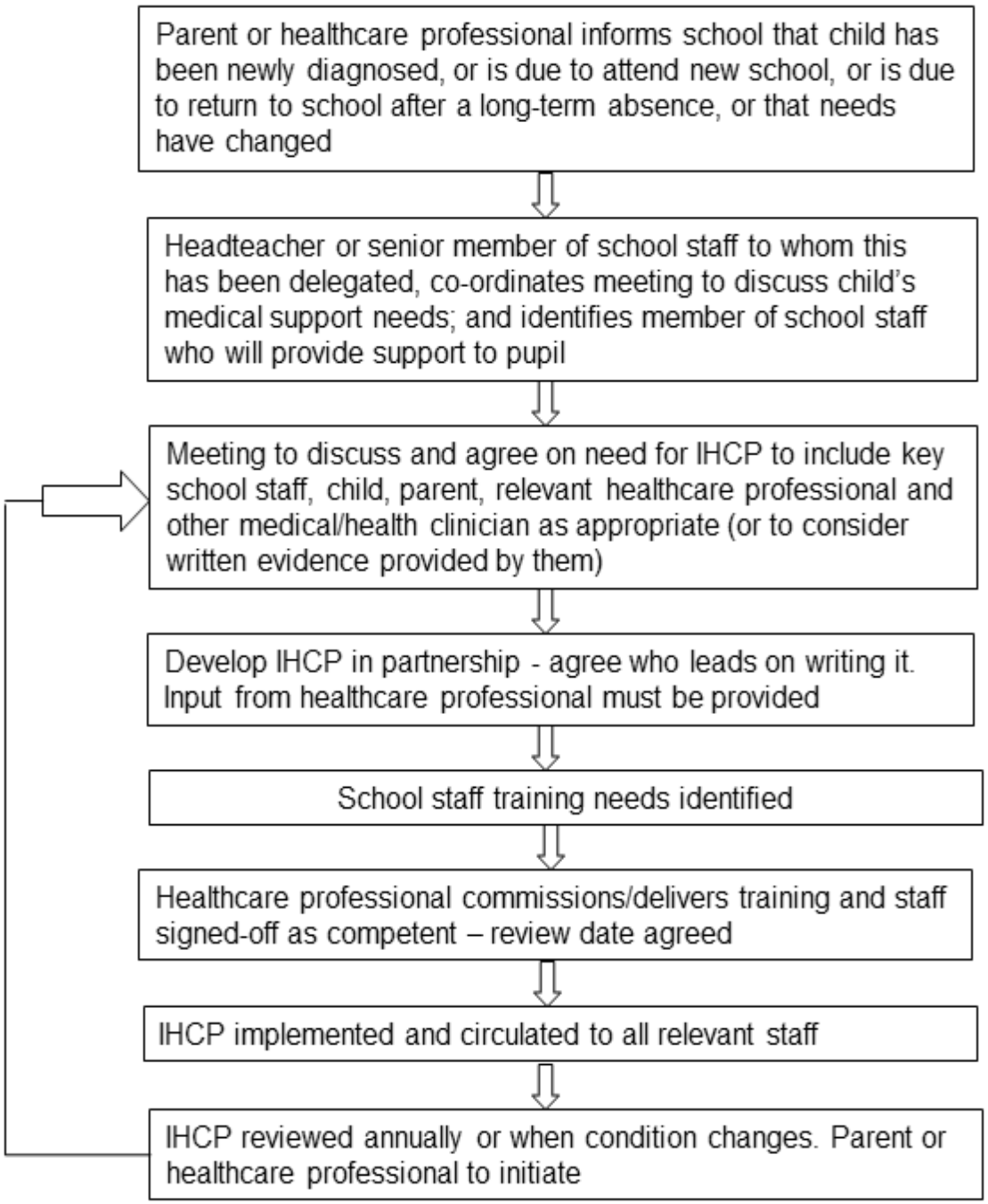
1. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.

2. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes in the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Interpretation

Any reference to a statute, statutory guidance and any other document shall be construed as a reference to that statute as amended or re-enacted and to the current edition or replacement of that statutory guidance or other document.

Appendix 1: Model process for developing individual healthcare plans (IHCP)



Appendix 2: Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies 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 staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is 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. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service 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.

Staff – any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

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

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

Appendix 3: Individual Health Care Plan

Child's Name		Photo
Date of Birth		
Class		
Medical Condition		
Name of medication		
Location of medication		

DETAILS OF CARE PLAN	
Pupil triggers:	
Daily Care Requirements:	
Mild Reaction:	Action to take and list any side effects here
Intermediate Reaction:	Action to take and list any side effects here
SYMPTOMS OF SEVERE ATTACK:	
ACTION TO BE TAKEN FOR SEVERE ATTACK:	

WHO IS RESPONSIBLE IN AN EMERGENCY:	Name Person 1	
	Telephone	
	Name Person 2	
	Telephone	
Specific Support for Pupils educational, social and emotional needs:		
Arrangements for break and lunchtime, PE lessons, clubs and off site visits:		
Plan developed with:	Name:	
	Name:	
	Name:	
Staff training needed: State what training and for whom.		

I consent/do not consent to my child's photo being displayed in the staffroom and the class Medication folder to ensure that all relevant parties are aware.

Parent/Guardian	Date:
Class Teacher	Date:
Headteacher	Date:

Parents		Class Teacher		Class medical File	
Pupil file		SENCo		Office medical File	

Appendix 4: Parental agreement to administer medication

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	Summercroft Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	

NB: Medicines must be labelled with the child's name and in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver and collect the medicine personally to	The School Office staff

I agree to the procedures detailed in this plan being administered in school and to my child's photo and condition being displayed in the staffroom and the class Medication Folder to ensure that all relevant parties are aware. In the event that these procedures cannot be implemented at any time, the school will follow advice received from the health professionals in summoning the emergency services where appropriate.

Signature(s)…….Date…….....

Appendix 5: Record of medication administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature ……Date…….

Signature of parent ……Date…….

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

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

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

Appendix 6: Protocol for the emergency administration of Calpol

Occasionally, young children can spike a high temperature. In order to be able to respond quickly, the school will maintain a supply of Calpol to use in these circumstances. In this situation, the parent of the affected child will be contacted in order to obtain verbal permission.

The school will follow the protocol below:-

- Verbal consent MUST be obtained during the day to administer Calpol. The member of staff calling the parent must check that not more than 3 doses of Calpol have been given in the last 24 hours at 4 hourly intervals and that 4 hours have elapsed since the last dose of calpol was given. If the parents haven't been contacted then the Calpol cannot be given.

- The member of staff receiving the verbal consent must record the above confirmation on the 'Medication Use Report' in Medical Tracker.

- If Calpol is administered at any time during the school day, the parents will be informed of the time of administration and dosage by email notification.

- The school will complete the 'Medication use report' as in Appendix 5 and the parent will be sent an email notification via Medical Tracker.

- The emergency administration of Calpol must be witnessed by another member of school staff and both staff names should be added to the 'Medication use report'

- It is suggested that if the child requires Calpol more than once in the school day, then there may be an underlying illness and the child will be sent home and will stay at home for 24 hours.

Appendix 7: Protocol for the emergency administration of Piriton

Anthihistamine can be administered for the treatment of a mild allergic reaction (ie. itchy eyes, skin rash etc). The school can administer 1 standard dose of Piriton (appropriate to the age and weight of the pupil)

- Verbal consent MUST still be obtained during the day to administer Piriton. The member of staff calling the parent must check with the parent that not more than 6 doses of Piriton have been given in the last 24 hours at 4 hourly intervals and that 4 hours have elapsed since the last dose of Piriton was given.

- The member of staff receiving the verbal consent must record the above confirmation on the 'Medication Use Report' in Medical Tracker.

- If Piriton is administered at any time during the school day, the parents will be informed of the time of administration and dosage by email notification.

- The school will complete the 'Medication use report' as in Appendix 5 and the parent will be sent an email notification via Medical Tracker.

- The emergency administration of Calpol must be witnessed by another member of school staff and both staff names should be added to the 'Medication use report'

In the unusual event of an extreme allergic reaction (previously unknown) verbal consent MUST still be obtained from parents (or the emergency services if parents cannot be reached). All other points above will still be adhered to.