

Medicines Policy

Governors' Committee Responsible	Health & Safety
Status	Statutory
Review Cycle	Three yearly
Date written/last review	February 2020
Date of next review	February 2023

Please note that all Trust policies are reviewed annually. Should you have any queries regards this policy, note an omission or wish to propose an amendment, please email sconnor@strathmore.richmond.sch.uk.

Medicines

PURPOSE & SCOPE

This policy has been drawn up with guidance from and meets the requirements of:

- Section 2 of the Health and Safety at Work Act 1974
- Section 100 of the Children and Families Act 2014
- Department for Education – Supporting pupils at school with medical conditions – December 2015
- Special Educational Needs and Disability Code of Practice: 0 to 25 years – July 2014
- Guidance on the use of emergency salbutamol in school – March 2015
- Guidance on the use of emergency Adrenalin Auto-Injectors (AAI) in schools – September 2017
- Misuse of Drugs Act 1971
- NHS Act 2006
- Equality Act 2010

This policy covers medical attention, the administration and storage of medication for employees and pupils of The Auriga Trust.

The term *parent* implies any person or body with parental responsibility, such as foster parent, carer, guardian or local authority.

General Principles

The Auriga Academy Trust will:

- ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their full potential;
- establish relationships with relevant health professionals, the local authorities and other support services;
- assist children with long-term medical conditions by drawing up Individual Healthcare Plans for the administration of medication and care;
- respond flexibly to the needs of each pupil and how their medical condition impacts on their school life and consider what reasonable adjustments might enable pupils to participate fully and safely on visits;

- keep the pupil's best interests in mind, ensure that the school assesses and manages risks of the child's education, health and social wellbeing whilst minimising disruption to their learning;
- ensure that no prescription medicines are given nor healthcare procedures are undertaken by any staff without appropriate training.

Additionally, the school will:

- liaise regularly with the Specialist Community Public Health Nurse who advises, provides training, monitors and communicates with other health professionals on the school's or parents'/guardians' behalf;
- ensure arrangements for pupils are in place at the start of a school year;
- ensure that arrangements are in place within two weeks for new pupils moving to the school mid-term or having received a new diagnosis;
- provide the facility to safely store, administer and record individually prescribed medication;
- endeavour to notify all staff of pupil medical alerts and treatment regimes – information for all staff will be kept in the staffroom;
- train and monitor staff who are used in the process of assisting with the administration of medication including contingency and emergency situations;
- ensure that no prescription or non-prescription medicines are given to pupils without parents'/guardians' written consent;
- notify the parent/guardian in the event that a child refuses to take prescribed medication (e.g. Ritalin);
- notify parents/guardians of an outbreak of a contagious condition within the school, (advice on the periods of exclusion for contagious diseases and the recommended treatment of head lice is made available);
- advise parents/guardians that pupils are not allowed to carry/administer medication and that if a child requires medication, contact should be made with the school/centre in advance and discussed on a case by case basis with regard to the guidelines;
- regularly review and update this policy.

Forms and Procedure for the Administration of Medicines

Form A – *Medical Information - Confidential* should be completed by parents/guardians, with the additional sheets 1 & 2 as necessary.

Form B – *Parental Agreement for Setting to Administer Medicine (and Form B continued – Record of Medicine as appropriate)* should be completed by parents/guardians.

Form C (a) – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: Oromucosal Midazolam

Form C (b) – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: Epipen. (For Clarendon School & Capella House School it includes written consent for the use of, and payment for the spare Adrenaline Auto-Injectors (AAI), if necessary).

Form C (c) – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: asthma inhaler (e.g. Salbutamol/Ventolin). (For Clarendon School & Capella House School it includes written consent for the use of, and payment for the spare Salbutamol Inhaler, if necessary).

There are separate guidelines for the use of inhalers. Clear guidelines are displayed for the sequence of administering inhalers where more than one inhaler is used. (For Clarendon School & Capella House School Only) After discussion with parents/guardians, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans. Wherever possible, pupils should be able to access their medicines for self-medication quickly and easily, with an appropriate level of supervision.

Form D – *Individual Healthcare Plan* should be completed by the school, relevant healthcare professional, parents/guardians and pupil where, based on evidence, a healthcare plan would be appropriate and not disproportionate. If consensus cannot be reached, the Headteacher will take a final view. The Individual Healthcare Plan should be linked to, or become part of, the Education, Health and Care Plan and be reviewed at least annually.

It is the parent's responsibility to communicate any changes in writing.

It is the responsibility of the person administering the medicine to check that they are giving:

- the correct medicine
- in the correct dose
- at the correct time
- to the correct child.

If a pupil refuses to take medicine or carry out a necessary procedure, they should not be forced to do so but the agreed procedure in the Individual Healthcare Plan should be followed. Parents must be informed so that alternative options can be considered.

Form E (a) – Record of Medicine Administered must be used to record each time medicine is administered, what, how, the dose, by whom and why. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted.

Form E (b) – Record of Controlled Drug Medicine Administered must be used to record each time medicine is administered, what, how, the dose, by whom and will always be checked by a second person. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted.

Form F – Record of Emergency Medication Administration is used to record not only the medication but also the seizures, including the duration and description.

Children to be identified by photograph in Records of Administration of Medication file. The administration of medicine paperwork must be completed at the time the medicine is administered and stored in the class folder. Records must be kept until that child is aged 25 years.

Storage of Medicines

No out-of-date medicines should be kept at school. The parents/guardians of children receiving ongoing medication should be notified immediately if items are running out. Medicines must be administered from original containers.

Please refer to **Appendix B** (the Gateway Centre, Clarendon & Capella House Schools) and **Appendix C** (Strathmore School) for information relating to storage of medication on specific school sites.

Medicines

Prescribed Medication:

Medicines should only be taken into school or settings when essential: that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol as detailed below.

Medicines should always be provided in the original container as dispensed by the pharmacists. All prescription only medicines (POM) should have printed labels with the drug and/or generic name, the correct date and frequency of administration, the full name of the child and the prescribing pharmacist. The label on the container should clearly display the expiry date. Parents will be advised that additional prescription labels can be requested from dispensing pharmacy in the case that the

original packaging is no longer available or if more than one settings require a supply of medication (e.g. respite provider and school).

Consent must be obtained from the parents and the head teacher (as per Department for Education 'Supporting Pupils at School with Medical Conditions, December 2015, pp 12) via forms B, C (a), C (b), or C (c) depending on the type of medication before any administration to pupils takes place.

The school will not accept medicines that have been taken out of the original container nor make changes to dosages on parental/guardians' instructions.

Controlled Drugs:

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school specific designated areas and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

A member of staff may administer a controlled drug to the child for whom it has been prescribed, providing it is in accordance with the prescriber's instructions and in line with Local Authority procedures and the school has evidence of the prescription.

Controlled drugs must be stored and administered in accordance with the following procedure:

- Drugs will be stored in a locked non-portable container and only named staff should have access; The only exception to this rule is if a child with prescribed Oromucosal Midazolam (emergency medication prescribed for Epilepsy), a maximum of 2 doses of this can be stored in a zipped pouch carried by a named and trained member of staff or in the designated class cupboard.
- Controlled drugs will only be administered as long as a copy of Form B detailing the dosage and frequency has been completed and signed by the parents and the head teacher (as per DfE 'Supporting Pupils at School with Medical Needs, December 2015, pp 12).
- Controlled drugs, as with all medication, received by staff at school will be checked and logged into the drug registration book – all batches finished or returned will also be logged into this book.
- Controlled drugs, as with all medication, should be returned to the parent (via SEND transport assistant if necessary) when no longer required to arrange for safe disposal – **see FORM I – Medication Return Record** (not used by Strathmore School who instead use drug registration book). If this is not possible, it should be returned to a dispensing pharmacist and a dated receipt obtained to be stored within pupil file;

- After administering a controlled drug, if the medication is in tablet form, the supporting adult must count the remaining tablets and record this number on **Form E (b) – Record of Controlled Medicine Administered**.
- Sharps boxes should always be used for the disposal of needles and other sharps.

Non-Prescription Medication:

Clarendon and Capella House Schools **will** hold a school supply of paracetamol. Strathmore School **will not** hold a school supply of paracetamol.

Medication for pain relief, for example, should never be administered without first checking maximum dosages and when the previous dose was taken. Only when parents/guardians have given written instructions as per Form B should paracetamol be administered at school (e.g. period pains). These forms are completed and signed as appropriate by the parents of pupils starting at school and signed by the head teacher (as per DfE 'Supporting Pupils at School with Medical Needs, December 2015, pp 12). If a pupil has been given paracetamol before school, the parent/guardian should inform the school. Parents/guardians must be informed when paracetamol is administered.

*Staff must not administer any 'over the counter' medicines such as eye-drops for hay fever or cough mixtures. Separate arrangements can be made for residential journeys where parental permission has been given and remedies are supplied in their original, un-opened packaging. **A child under 16 should never be given aspirin.***

Medication and First Aid Kits for School Trips

Trip Leaders are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked before leaving school and this responsibility must be completed or delegated by the trip leader. School staff must refer to school specific protocol for who to inform should any supplies run out or become low.

If medicine is required on school outings, managers must ensure that a trained member of staff is appointed to administer the medication and follow protocols, e.g. signing in and out of medication. All medicines which need to be kept refrigerated will be stored in appropriate conditions, e.g. cool box.

When taking medication off the premises, Trip Leaders must sign medicine out using the drug registration book and sign it back in upon arrival back at school.

Medical Attention – see Appendix B The Gateway Centre, Clarendon & Capella House Schools, **Appendix C** Strathmore School

Accident and Incident Report Form – For incidents on school premises involving members of staff, pupils or visitors, who subsequently receive hospital/further medical attention, the HSE is the enforcing authority and reports should be submitted to the Local Authority Health & Safety Lead within 24 hours. This is done

by completing an online form through the Accident Management System (AMS) WorkRite. Notification must be sent via AMS to the head of site.

(At Clarendon & Capella House) a copy must be saved as a separate, named document, filed within the pupil records.

(At Clarendon School Only) The **First Aid Book** is used to record all first aid treatments. Parents/Guardians will be notified of First Aid Treatment (please refer to appendix for school specific information). **Head injuries** must be reported to first aiders, SLT and parents/guardians as a matter of urgency because symptoms e.g. of concussion may take several hours to become apparent.

Emergency Procedures

Risk assessments are carried out for all school activities, including school trips. The pupil's Individual Healthcare Plan (**Form D**) should clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff members are aware of emergency symptoms and procedures. Where appropriate, other pupils in school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil needs to be taken to hospital, staff should stay with the pupil until their parent/guardian arrives, or accompany a pupil taken to hospital by ambulance. The school needs to ensure understanding of the local emergency services cover arrangements and that correct information is provided for navigation systems. The school will ensure a copy of the plan is taken to the hospital with the child.

Training & Monitoring

Form H: Staff Training Record – Administration of Medicines should be completed after each training session by the member of staff and trainer. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in Individual Healthcare Plans. Staff will have an understanding of the specific medical conditions of the pupils with whom they are working, the implications and preventative measures. Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Community Nursing Teams are a valuable potential resource for advice and support in relation to pupils with medical conditions. The School Nurse will liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs. Parents/Guardians can often be key in providing relevant information to school and their views should be sought. Parents/guardians should provide specific advice but should not be the sole trainer.

Any concerns regarding practise will be raised with a member of the SLT. The training needs of staff are monitored, reviewed and addressed through the appraisal process of each school.

General whole school staff awareness is maintained through staff meetings and through information displayed in the staffroom and circulated via email. New staff

are trained as part of the CPD calendar. Administration of medication should only be undertaken by permanent, trained members of staff.

THE GOVERNING BODY

Governors and Trustees are kept informed about any issues relating to this policy and the procedures through Health & Safety sub-committee meetings, Local Governing Board meetings and Trust meetings. Information can also be found in the Headteacher's Report to Governors.

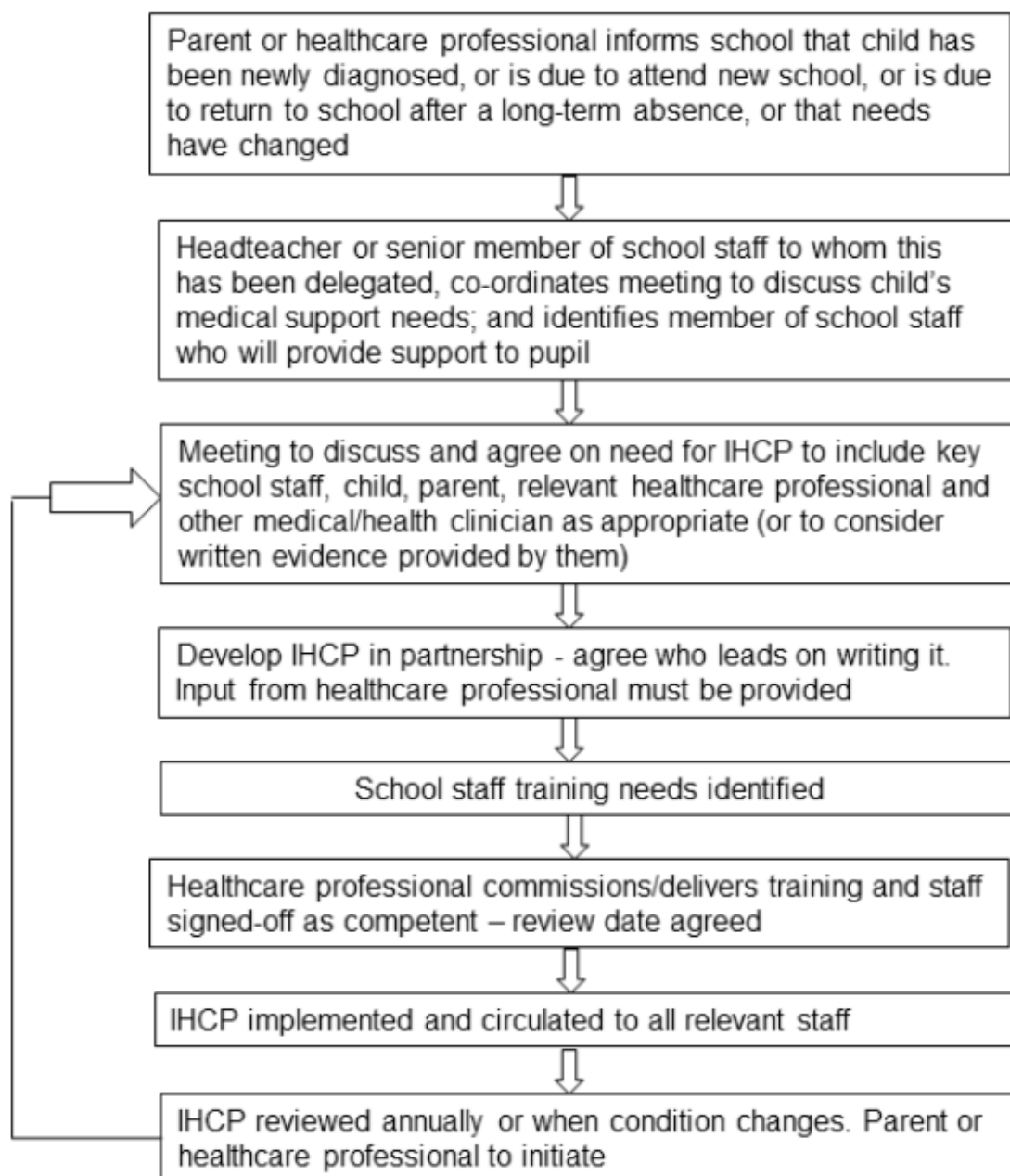
This policy will be reviewed three yearly or in the light of changes to legal requirements.

CONCLUSION:

This policy also needs to be in line with other school policies and therefore should be read in conjunction with the following school policies:

- Equal Opportunities Policy
- First Aid Policy
- Health and Safety Policy
- Personal Care Policy
- Therapeutic Touch Policy
- GPDR Policy

Appendix A: Model process for developing individual healthcare plans¹



¹ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Appendix B – Procedures for the Gateway Centre, Clarendon and Capella House Schools.

Storage of Medicines

All items in the locked cabinet/refrigerator should be checked weekly by the Health and Wellbeing Lead TAs responsible for medicines in school. The keys for locked cabinets/refrigerator should be kept separately in a coded key box (the code changed regularly) and only given to those who dispense the medication. No out of date medicines should be kept at school. The parents/carers of pupils receiving ongoing medication should be notified immediately if items are running out. Time should be allocated to check all first aid kits to make sure they are complete.

Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol and Calpol as detailed below.

Medication handed in at the school office will be recorded and stored in a locked cabinet in the medical room at Clarendon & Capella House sites and in the Head of School's office at the Gateway Centre.

All drugs received by staff at school will be checked and logged into the drug registration book – all batches finished or returned will also be logged into this book.

Emergency Salbutamol Inhaler

The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, or empty).

Emergency Adrenaline Auto-Injectors

The same procedures must be in place as for the above.

Non-Prescriptive Medication

The school will only hold supplies of Paracetamol and Calpol. Medication for pain relief, for example, should never be administered without first checking maximum dosages and when the previous dose was taken. Only when parents/carers have given written instructions should paracetamol/Calpol be administered at school (e.g. headaches, period pains). These forms are completed as appropriate by the parents of pupils starting at The Gateway, Clarendon & Capella House. If a pupil has been given paracetamol/Calpol before school, the parent/carer must inform the school (if in doubt a parent should be rung to check). Parents/carers must be informed when paracetamol/Calpol is administered.

Medication and First Aid Kits for School Trips

TAs are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked

by TAs before leaving school. The Health & Wellbeing Lead TAs have the responsibility for overseeing first aid resources. Other staff should inform this TA directly should any supplies run out or become low.

When medication needs to be administered to a pupil whilst out on an educational visit, trip or school journey, only the dosage required for the duration of the trip or journey should be carried by a responsible adult. In the case of tablets, these must be counted and checked by two members of staff into separate clearly labelled containers. On a school journey of more than one day's duration, all medication is kept in a locked box. Recording of the administration of medicines whilst away from school must follow the same procedures and be signed off on the prepared labels or sheets.

Medical Attention

At Clarendon and Capella House Schools, when a pupil is placed in the medical room feeling unwell, a TA with first aid training will accompany and oversee that pupil. The office staff must be told and will cover for short periods, if necessary. If there is no-one in the office area, the TA must stay with the child. A notice will be placed on the medical room door in order to avoid disturbances. If any child does not recover within a reasonable amount of time, the Headteacher or Deputy, in consultation with a First Aider, will decide on the course of action to be taken (e.g. contacting parents, taking to hospital). Parents/Carers should be informed on the day if their child has been unwell at school and a record of the notification made.

The Gateway pupils are taken to the medical room in Twickenham School and follow their procedures with a phone call to parents to inform them or request they collect their son/daughter should they need to go home.

The **First Aid Book** is used to record all first aid treatments. A note or sticker should be put in the pupil's homework planner/school diary. **Head injuries** must be also reported to other staff and parents/carers as a matter of urgency because symptoms, of concussion for example, may take several hours to become apparent.

If the responsible TA needs to leave the class or site, they should make sure that another TA continues with monitoring duties.

Medical Room

On each Clarendon and Capella House site, there is a dedicated medical room. When the bed in the room is needed, shoes must always be removed.

If the bed is used for a long period of time (more than 1 hour) the sheets and pillow cases should be changed and washed. The Health and Wellbeing Lead TAs are responsible and will ensure bedding is washed weekly.

In the event of more than one pupil becoming unwell at the same time, a suitable, quiet place should be found to place the second medical bed if required.

The Gateway students use Twickenham School's medical room, first aid staff and facilities.

Training & Monitoring

General whole school staff awareness at Clarendon, Capella House and the Gateway is maintained through staff briefing meetings held at least once per week and through information displayed in the staffroom or via emails. Induction of new staff is completed with the Health and Wellbeing Lead TAs at each centre whilst supply staff are always supported by permanent staff members.

Twickenham School staff have access to the student profiles which outline any health needs and signposts them to the Health Care Plan should they need specific information. They are also supported by the Gateway staff who have in depth knowledge of their pupils.

Appendix C - Procedures for Strathmore School

Storage of Medication

Medication (with the two exceptions listed below) should be stored securely in the designated locked cupboard located in class bases, or, if required, in a refrigerator (St Richard Reynold's: in the Medical Room opposite the lift, Russell: in the shared medical room next to main reception, Grey Court: in the medical room on the ground floor). This includes nappy rash creams or any topical creams other than massage creams. Medicine cupboards/cabinets are not to be used for any other purpose, e. g. money storage.

1. Separate locked storage is provided for controlled drugs (St Richard Reynold's: in the Medical Room opposite the lift, Russell: in the shared medical room next to main reception, Grey Court: in the medical room on the ground floor).
2. Emergency Medication (e.g. oromucosal midazolam for epilepsy) can be stored in a zipped pouch worn by a member of trained staff as noted in the pupil healthcare plan or in the identified cupboard in the classroom. This needs to be out of pupil sight and reach but accessible for staff in the event of an emergency.

Medicine cabinets will be clearly labelled using the relevant Strathmore template which displays what medication is stored inside, the pupil it belongs to, and the expiration date. See appendix E.

Each pupil who receives medication will have a Pupil Medical File kept in the designated locked cupboard. The file will have a photograph on the front, so it is easily identifiable, and hold the permissions, Individual Healthcare Plan and records of administration of medication.

All medication received into school will be recorded in the duplicate book held in each class base, in the designated locked cupboard. Medication should **never** be sent into school or home from school in the school bag: it must be handed to a parent or transport assistant by a member of the class team or vice versa as appropriate. A receipt will be given to the bearer of the medication, which should be signed by both parties. Staff will inform the Head of Centre and Family Worker of any new medication on site so it can be recorded on a central database to monitor the coming and going and expirations of all medication across sites.

All medicines received should be recorded on each pupil's medication paperwork (forms A-F as appropriate). Administration and disposal of medication must be kept in each pupil's Medical File. Completed duplicate books and administration of medicine sheets should be given to the Family Worker for retention in pupil files. The Family Worker will carry out regular checks of folders and move any no longer needed paperwork to pupil files.

Any spilt/wasted medicines should be signed for and recorded on the pupil's medicine sheet (Form E (a) or (b))

Controlled drugs will be stored in a locked medical cabinet, held in the medical room on each campus. The admin team on each campus will hold the key and a sign in/out sheet and locked away at the end of every day.

Before long school holidays (Christmas, Easter, Summer), any medication that will expire over the break is to be sent home with the pupil on the last day of term (via parents or transport assistants) and the sign out book will be completed and stored in the folder. If the medication will still be within date and the pupil will still be at that school site when term resumes, the medication is to stay in the medicine cabinet unless parents specifically request it is returned.

Transport Medication

Some pupils will have emergency medication for SEND transport. In this case, a Home – School Transport medication agreement will be signed and stored as an appendix to their healthcare plan. The site reception will be given a supply of weekly sign in and out forms which will detail the pupil's name, the type of medication and the amount. Transport medication will be stored in a sealed and clearly labelled pouch with the pupil's name. When the pupil comes into school in the morning, the transport assistant on their bus will sign the medication into school and a member of the administration staff will sign to say it has been received. When the pupil is collected at the end of the day, a member of staff at reception will sign the medicine out and the transport assistant will sign to say it has been received. Completed weekly sheets will be routinely moved into the pupil folders.

Healthcare Plans

Pupils requiring a school healthcare plan will be identified before their first day at Strathmore School, usually by a Medical Need Questionnaire sent in the new pupil pack. The Family Worker will meet with the parents to complete the healthcare plan, which will be formatted, signed by relevant staff, and forwarded to any medical professionals involved in that child's care. Training needs for class teams will be identified and organised at this stage.

Parents will receive a paper copy of the healthcare plan, the class team will have a paper copy to be stored in their Class Healthcare Folder, and a digital copy will be stored on Arbor. If the child requires Emergency Medication, the class team will also be given a small laminated copy of the emergency medication plan on a keyring to store with the emergency medication and taken with them on trips or evacuations.

Medical reports including emergency plans written by paediatricians will be attached to pupil healthcare plans as appendices as required.

Personal Emergency Evacuation Plans (PEEPs)

All pupils at Strathmore School have a PEEP. Pupils with emergency medication will have it stated in their PEEP that a member of staff needs to bring their emergency medication and the small laminated emergency medication plan keyring from the classroom to the assembly point in the case of an evacuation.

Storage of Supply / Spare Medications

Strathmore School will not hold a generic supply of any medications (including autoimmune injector pens). All medication given to pupils has to be sent in specifically for their own use.

Medication Labels

If the medication is Prescription Only (POM); this could be emergency medicine, anti-biotics, routine medication; it must have a prescription label as mentioned above.

If the medication is over the counter / Pharmacy Medicine (P) or general sale medication (GSL); such as pain relief or nappy rash ointment if the child wears pads; it does not need to have a prescription label but it would be helpful if parents or staff could label it with the child's name when it arrives at school.

In the case a pupil has prescribed milk from a dietician which they are fed via a pump, we do not need prescription labels on each individual bottle, but the description on the bottle must align with the consent form and healthcare plan.

Whether the medication is POM / GSL / P staff must have consent from parents and the head teacher to administer.

Medical Attention

When a pupil is feeling unwell, they may access the medical room or the work room attached to the classroom as appropriate. Staff should seek the advice of the named first aiders (list available from Annushka St Paul, Head of HR). If the pupil does not recover within a reasonable amount of time, the adult supporting the child should seek advice from a member of SLT who may advise contacting parents, taking the pupil to hospital etc...) No pupil should be sent home without first consulting SLT, even if this requires a phone call to another campus. Parents / Guardians will be informed on the day if their child has been unwell and a record of the notification made on Arbor.

A child should never be left alone if they have been identified by an adult as feeling unwell. They should be monitored and the teacher / HLTA should delegate this responsibility to a TA as appropriate.


Appendix D: Strathmore Template Forms



Administration of Medication

Epilepsy with Emergency Medication
Epilepsy (no Emergency Medication)
Asthma with Emergency Inhaler
Routine Medication
Severe Allergy with Epi Pen
Gastrostomy

Name
29.04.2010
Allergies N/A

Contents:
Form A – Medical Information
Form B – Consent to Administer Medication
Form C – Consent to Administer Emergency Medication
Form D – Individual Health Care Plan
Form F - Record of Administration of Emergency Medication
Form E – Record of Administration of Medication
Form H – Staff Training
Form I – Record of Returned Medication
Record of Seizure Activity
Allergy Information
Current Diagnoses
Staff and Professionals
School & Transport Agreement
Appendix: 

FORM A: Medical Information - C O N F I D E N T I A L

If you need any help, please let us know and we will arrange for someone to contact you.

The information you provide on this form will remain confidential to the school. It will be used to help us look best after way your child in the possible.

NAME: after way DOB:

1. Do you have any concerns related to your child's

Eyesight Hearing Speech

Wetting Physical Development (size, co-ordination, etc.)

Other

If so, please give details:

2. Does your child have any allergies?
(If 'Yes', please complete [Sheet 1](#))

3. Does your child have a diagnosis of any of the following?
(If 'Yes', please complete [Sheet 2](#))

ADHD Asthma Epilepsy ASD Cerebral Palsy

Other

4. If your child has any current or past medical history, please give details of diagnosed conditions, with dates. (Please provide details of ALL medication or procedures for current conditions on Sheets)

•

5. Has your child been immunised (e.g. BCG, MMR, Tetanus, etc.)? If so, please specify, with dates.

6. Has your child been seen by a Clinic or Hospital Outpatients Department for particular problems? If so, please specify with dates.

7. Has your child ever been admitted to hospital as an in-patient? If so, please specify, with dates.

8. Name and address of GP:

9.

9.
s
of other Health Professionals:

Consultants

Physiotherapist

Speech &
Language
Therapist

Occupational
Therapist

Others

10. Is there any further information that you feel would be helpful for the school to know in order to look after your child?

11. Special Dietary Requirements

PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO YOUR CHILD'S
CONDITION.

Signed: _____ **Date:** _____
Responsible Parent/Carer

FORM B: Parental Agreement for Setting to Administer Medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

MEDICINES

Please complete the attached form outlining your child's medication.

NB: Medicines must be in the original container as dispensed by the pharmacy with your child's name clearly displayed.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing.

I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____
Responsible Parent/Carer

Date _____

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

The National Family and Parenting Institute produced a leaflet “*Is it Legal? A parents’ guide to the law*” which gives more information about parental responsibility and how to acquire it.

<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202

Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM B continued: Record of Medicine for:

School:

Name of Medicine	Dose & instructions E.g. Volumatic, EpiPen, Orally	Frequency / Times	Completion date of course, if known	Expiry date	Special precautions/other instructions	Any side effects that the school needs to know	Procedures to take in an emergency	Self – admin yes/no

Parent Signature: _____

Date: _____

Head Teacher Signature: _____

Date: _____

FORM C (a): Consent for Administration of Emergency Medication: Oromucosal Midazolam

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

Name of school	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
Telephone no.	
Consultant name	

Medicine:

The above child will need Oromucosal Midazolam as treatment for an epileptic seizure under the following circumstances

<ul style="list-style-type: none"> a) _____ minutes after a seizure has begun. b) After seizure. c) Other circumstances – see Hospital Care and Individual Healthcare Plan.
--

I agree to trained members of staff administering Oromucosal Midazolam for epilepsy as directed over on page 2:

Two adults should always be present.

Signed _____ Date _____
Responsible Parent/Carer

Signed _____ Date _____
Head Teacher

Parent Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS'/CARERS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

The National Family and Parenting Institute produce a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it.
<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002

http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202

Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM C: Consent for Administration of Emergency Medication: Epipen (Adrenalin Auto Injector Pen)

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

Name of school	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
Telephone no.	
Consultant name	

Medicine:

The above child will need an Epipen to prevent severe allergic reaction to:

a) Minor reaction: b) Major reaction:
--

I agree to trained members of staff administering Epipen for an allergic reaction as directed over on page 2:

Two adults should always be present.

Signed _____ Date _____
Responsible Parent/Carer

Signed _____ Date _____
Head Teacher

Parent Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS'/CARERS' RESPONSIBLITIY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

The National Family and Parenting Institute produce a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it.
<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202
 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM C: Consent for Administration of Emergency Medication: Reliever Inhaler

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

Name of school	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
Telephone no.	
Consultant name	

Medicine:

The above child will need their **BLUE** reliever inhaler to reduce symptoms when:

I agree to trained members of staff administering inhaler as directed over on page 2:

Two adults should always be present.

Signed _____ Date _____
Responsible Parent/Carer

Signed _____ Date _____
Head Teacher

Parent Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS'/CARERS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

The National Family and Parenting Institute produce a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it. <http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202
 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM D: Individual Healthcare Plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (mobile)	
(home)	
(work)	
Name	
Relationship to child	
Phone no. (mobile)	
(home)	
(work)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc...

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Procedures to follow if the pupil refuses or is unable to take the prescribed medication

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc...

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Name	Role	Signed
	School Family Worker	

Staff training needed/undertaken – who, what, when

Form copied to

-

School Transport Agreement

Pupil Name	
Name of Medication	

Emergency Medication may be required on the journey to / from school for this child. Emergency Medicine for use during this time will be stored in a sealed plastic wallet labelled with the pupil's initials and "*emergency medication only for use on transport*".

The transport assistant will collect the medication wallet from the parents as they collect the child in the morning, they are responsible for this medication until it is handed into the school reception where it will be stored for the duration of the school day, Medication will be stored safely by the on-site admin team. The transport assistant will sign to say that the medication was left at reception in the morning,

At pick up time, the transport assistant will collect the medication from the school reception where a member of the admin team will sign it out of school and into the care of the transport team.

I have read and agree to the above outlines for managing pupil medication on the journey to and from school.

Name	Role	Signed	Date
	Parent		
	Head Teacher		

FORM E (a): Record of Medicine Administered to:

Name of school/setting:

Date	Time	Name of medicine	Dose of medicine	Any reactions	Reason if not taken	Parent informed?	Signature	Print name

FORM E (b): Record of Controlled Medicine Administered to:

Name of school/setting:

Date	Time	Name of medicine	Dose of medicine	Any reactions	Reason if not taken	Amount Left after Dose	Signature	Print name

FORM F: Record of Emergency Medication Administration

NAME: DOB: AGE:

Date medication given _____ Time seizure started _____

Type of seizure

Number of seizures (if occurring in a cluster) _____

Emergency drug name _____ Dose _____

Route given _____ By whom _____

Time emergency drug given _____ Time seizure stopped _____

Length of seizure _____

Comments

Time ambulance called (if required) _____ Called by _____

Second dose of emergency drug given at _____ Dose _____

Route given _____ By whom _____

Comments

Time parents/carers informed _____ By whom _____

Person responsible for another supply of emergency medication _____

Comments

Follow up information

FORM H: Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

I (_____) recommend that the training is updated _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

SHEET 1 - ALLERGY INFORMATION

If your child has an ALLERGY to specific foods, Elastoplast, Penicillin or suffers from Hay Fever, Eczema etc, please complete the boxes below.

NAME: _____ DOB: _____

ALLERGY TO	WHAT HAPPENS IN THE ALLERGIC REACTION	TREATMENT
		Routine: In an emergency:
		Routine: In an emergency:
		Routine: In an emergency:

PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO YOUR CHILD'S ALLERGIES. THANK YOU.

Signed by Parent/Carer: _____

Date:

SHEET 2 - CURRENT DIAGNOSES

If your child has diagnosed medical condition such as ADHD, Asthma, Epilepsy, ASD, Cerebral Palsy, etc. please complete the boxes below.

NAME: _____ DOB: _____

DIAGNOSIS	MEDICATION AND DOSE and/or SPECIFIC PROCEDURES	TIME OF DAY

PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO YOUR CHILD'S CONDITION. THANK YOU.

Signed: _____
 Date: _____
 Parent/Carer

Health Care Plan Agreement

I have read and agree with the above health care plan for _____. This plan will be reviewed annually unless there is a change in the child's health needs.

Name	Role	Signed	Date
	Parent		
	Head Teacher		
	Deputy Head Teacher		
	Teacher		
	School Nurse		
	General Practitioner		
	TA		

Appendix E – Strathmore School Medicine Storage Signs



Medicine Cabinet

Pupil Name	Medication:	Expiry Date:	Notify Parents:
NAME		DATE	DATE
NAME		DATE	DATE
NAME		DATE	DATE

Emergency Medication Stored Here



John Smith

Buccolam
Syringe x 1

Expires: 10/2020
Notify Parents: 09/2020

Expiration Date	Notify Parents

Controlled Medication Stored Here

Pupil Name	Medication	Expiration Date	Notify Parents

Appendix F – Clarendon & Capella House Schools Templates

FORM D: Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Auriga Trust - Medicines

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Procedures to follow if the pupil refuses or is unable to take the prescribed medication

Daily care requirements

Specific support for the pupil's social, emotional and mental health needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency if not part of the staff trained team (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

FORM E (b): Record of Controlled Drug Medicine Administered

to: _____

Name of school/setting

Date	Time	Name of Medicine	Dose given	Expiry Date	Batch Number	Signed Initials		Print Name	Qty Tablets left	Any reactions	Reason if not taken	Parent or Carer informed at