



EDUCATIONAL TRUST

The best *for* everyone, the best *from* everyone

# Supporting Pupils at School with Medical Conditions Policy

Including guidance on:

Roles and responsibilities, managing medicines, medical interventions on school premises, storage of medicines and equipment, Individual Health Care Plans (IHCP), managing emergencies

This is a Trust-Wide Policy which has had some content adapted to ensure relevance to individual schools within the Trust.

Date of Policy Approval:

**16th October 2015  
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Owner of Policy:

**Chair of the Policy  
Design &  
Implementation  
Group (PDIG)**

Authorised By:

**Executive Team**

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**All Staff  
Websites**

## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

Bright Futures Educational Trust's (the Trust) Strategy underpins all aspects of this policy and the way in which it will be applied. These elements are:

- Our vision, the best **for** everyone and the best **from** everyone;
- One of our values; **Passion**: We take responsibility, work hard and have high aspirations;
- Two of our commitments: **Strong governance and accountability and equality, diversity and inclusion.**

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## What is the Policy for?

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

## Who is the Policy for?

The policy applies to all staff employed Bright Futures Educational Trust, as well as members of the Local Governing Bodies of those establishments, central operations staff, Members and Trustees and any consultants undertaking work on behalf of the Trust.

## Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#)

This policy also complies with our funding agreement and articles of association.

## ROLES AND RESPONSIBILITIES

### The Principal/head of School is responsible for:

1. Ensuring all staff are aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures.
2. Designating a named individual/s who is responsible for effective implementation of this policy: this will be the Vice Principal & DSL and the SENDCo.
3. Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.
4. Ensuring all relevant staff are aware of an individual child's medical condition and needs.
5. Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.

6. Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1).
7. Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
8. Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
9. Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
10. Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
11. Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
12. Ensuring a complaints procedure is in place and is accessible.
13. Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
14. Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
15. Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.
16. Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate.

### **Staff Responsibilities:**

1. Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.

2. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
3. Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

#### **Parents/Carers are required to:**

1. Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of a 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
2. Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school.
3. Complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child.
4. Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.
5. Carry out any action they have agreed to as part of the implementation of an IHCP.
6. Provide any medication in its original packaging, with the pharmacy label stating the following:
  - Child's name
  - Child's date of birth
  - Name of medicine
  - Frequency / time medication administered
  - Dosage and method of administration
  - Special storage arrangements
7. Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.
8. Collect and dispose of any medicines held in school at the end of each term or as agreed. (Template H)
9. Provide any equipment required to carry out a medical intervention e.g. catheter tubes.
10. Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

#### **Pupil Information**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

## **MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

### **Administration of Medicines / Medical Interventions**

1. Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.
2. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.
3. No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)
4. The Principal will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.
5. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)
6. The Principal will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);
7. All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.
8. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.
9. Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

10. Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
  - Name of pupil
  - Written instructions provided by the parents/carers or healthcare professional or as agreed in an IHCP
  - Prescribed dose, if appropriate
  - Expiry date, if appropriate
11. Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)
12. No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **Child's Role in managing their own Medical Needs**

1. After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.
2. Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
3. Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
4. Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **Refusing Medication / Medical Intervention**

1. If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.
2. Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.



## 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.

1. A child who is 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.
2. Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.
3. Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.
4. Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

## Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

## Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

## STAFF TRAINING

1. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.
2. All staff will be made aware of the School's Policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

3. Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.
4. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
6. Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the School's Policy and practice on supporting pupils with medical condition(s).
7. Training will be sufficient to ensure staff are competent and have confidence in their ability. The School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
8. A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

## INDIVIDUAL HEALTH CARE PLANS (IHCP)

Where appropriate, an IHCP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities.
- Arrangements around administration of medication(s) / medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
- Risk assessment for access to the school environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
- How, if agreed, the child is taking responsibility for their own health needs.
- A reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change

## **INTIMATE AND INVASIVE CARE**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## **OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

1. We will anticipate how we can support pupils with medical conditions and will actively support them and in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.
2. Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
3. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
4. School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.
5. In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.
6. Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## **MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

The Principal will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
- A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## **CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL**

1. School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.
2. School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
3. Where the child has an IHCP this will be shared with key staff with regular, scheduled re-briefings.
4. School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
5. School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## **LIABILITY AND INDEMNITY**

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Principal / SENCo.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in accordance with the Trust's Complaints Policy.

## UNACCEPTABLE PRACTICE

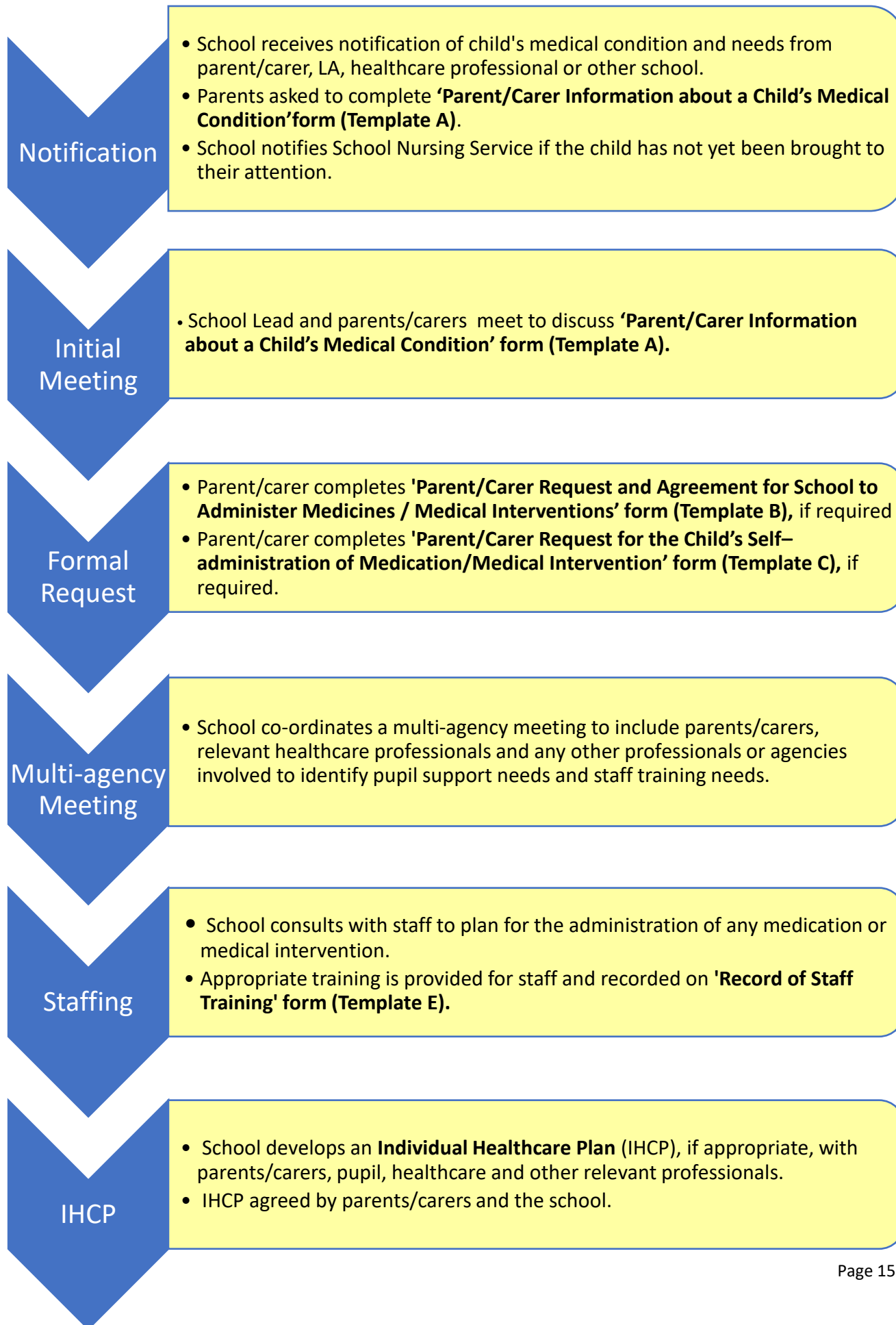
Bright Futures considers that the following constitute unacceptable practice:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Preventing children from participating, or creating unnecessary barriers to children participating in, any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and/or their parents/carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

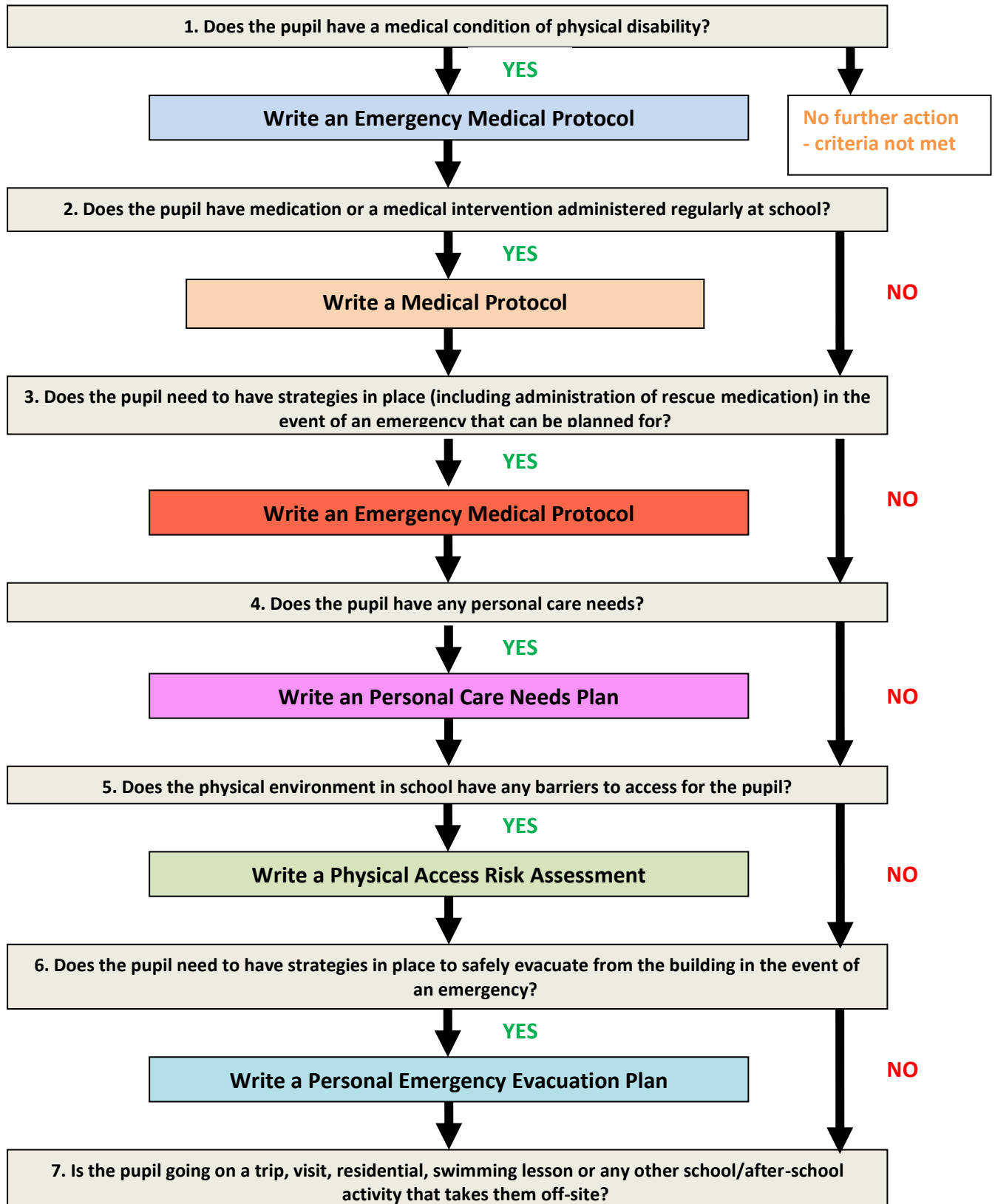
**APPENDIX 1**

## TEMPLATE A

### SAMPLE PROCEDURE FOLLOWING NOTIFICATION OF A PUPIL'S MEDICAL NEEDS



## INDIVIDUAL HEALTH CARE PLANS (IHCP) FLOW CHART







YES

**Write a personalised Additional Needs Risk Assessment if you are taking the pupil on an off-site trip or visit. This is in addition to the EV1 OR EV2**

**Parent/Carer Information about a Child's Medical Condition**

Date	
Child's Full Name	
Group / Class / Form	
Date of Birth	
Child's Address	

Family Contact Information	
1. Name	
Relationship to Child	
Phone No. (Work)	
Phone No. (Home)	
Phone No. (Mobile)	
2. Name	
Relationship to Child	
Phone No. (Work)	

**TEMPLATE A**

Phone No. (Home)	
Phone No. (Mobile)	

## Healthcare Professional Contact Information

<b>GP (General Practitioner)</b>	
Name	
Medical Practice / Health Centre	
Phone No.	
<b>Hospital / Clinic Consultant / Specialist Nurse</b>	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	
<b>Community Health e.g. Paediatrician, Physiotherapist, Occupational Therapist</b>	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	

## Child's Medical Information

Diagnosis / Conditions	
Regular Medicine	
1. Name	
Time Administered	
Side Effects	
Contra-indications	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	<i>(Please circle as appropriate)</i> <div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
2. Name	
Time Administered	
Side Effects	
Contra-indications	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	<i>(Please circle as appropriate)</i> <div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
Medicine Administered in a Medical Emergency	
1. Name	
Time Administered	
Side Effects	
Contra-indications	

## TEMPLATE A

Regular Medical Intervention e.g. Catheterisation, suction/tracheostomy care	
Name of Intervention	
Time Administered	
Equipment Used	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	<i>(Please circle as appropriate)</i>  <div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
Mobility - Movement and Walking	
Walking Aids Used	
Support Needs	
Physiotherapy Needs / Programmes	
Personal Care	
Dressing Needs	
Eating / Drinking Needs	
Bathroom / Toilet Needs	
Other Information	

## Parent / Carer Declaration and Signature

I agree this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to the school informing the School Nursing Service about my child's needs, if this service is not already aware.

**I agree to inform school of any changes in medical needs or medication, immediately and in writing.**

Parent/ Carer's Full Name (Please print)

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Signature

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Date

---

School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N  If no, date that School Nursing Service informed
Date Review Due	

## TEMPLATE B

### Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Full Name	
Group / Class / Form	
Date of Birth	
Medical Condition(s)	
Date	

Medicine	
1. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	
Self-Administration*	<i>(Please circle as appropriate)</i> <b>Yes</b> <b>No</b>
<i>*If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.</i>	

## TEMPLATE B

<b>Medicine</b>	
2. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	
Self-Administration*	<i>(Please circle as appropriate)</i> <b>Yes</b> <b>No</b>
<i>*If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.</i>	
<b>Medical Intervention e.g. Catheterisation, Tracheostomy care</b>	
Type of Intervention	
Procedure	
Timing(s)	
Other Information	
Potential Emergency Situations	
Self-Administration*	<i>(Please circle as appropriate)</i> <b>Yes</b> <b>No</b>
<i>*If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.</i>	
<b>Parent / Carer Contact Details</b>	
Name	
Relationship to Child	
Daytime Contact No;	
Address	



## TEMPLATE B

### Parents/Carers Declaration and Signature

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

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

**I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped or if there are any changes to the procedure for the delivery of a medical intervention.**

Parent/ Carer's Full Name (Please print)

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Signature

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Date

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School Use Only	
Date Received	
Action(s)	
Date Agreed by Headteacher / Principal	
Date Review Due	

## TEMPLATE C

### Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention

<b>Child's Details</b>	
Child's Full Name	
Group / Class / Form	
Date of Birth	
<b>Parent / Carer's Contact Details</b>	
Parent / Carer Full Name	
Phone No. (Home)	
Phone No. (Work)	
Phone No. (Mobile)	
<b>GP</b>	
Name of GP	
Medical Practice / Health Centre	
Phone No.	

## Parent/Carer Declaration and Signature

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I request and agree to: (please tick from the following)

- ☐ My child carrying the stated medicine(s) independently and safely
- ☐ School holding the stated medicine(s) safely for my child to collect and administer independently
- ☐ School holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff
- ☐ My child carrying any equipment or resources required for the stated medical intervention independently and safely
- ☐ School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently
- ☐ School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

## TEMPLATE C

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

**I undertake to inform the school in writing if there are any changes to medicine(s) or medical intervention(s) e.g. change of dose, change of timings or frequency or if administration is stopped.**

Parent/ Carer's Full Name (Please print)

---

Signature

---

Date

---

School Use Only	
Date Received	
Action(s)	
Date Review Due	

Child's Name	Date of Birth	Group / Class / Form
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[illegible]

## TEMPLATE E

### Record of Administration of Medicine(s) to Children without an IHCP

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Group / Class / Form \_\_\_\_\_

Date	Name of Child	Group / Class / Form	Name of Medicine	Dose Given	Time	Observations e.g. side effects, reactions	Name of Staff	Signature

## TEMPLATE F

### Record of Staff Training

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

### Trainer Declaration

I confirm that \_\_\_\_\_ (name of member of staff)  
has received the training detailed above.

I recommend this is updated annually / every two years / other \_\_\_\_\_  
(please delete as appropriate).

Trainer's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Review Due	

## TEMPLATE G

### Procedure for Contacting Emergencies Services

#### Requesting an Ambulance

**Dial 999**

**Speak clearly and slowly.**

**Be ready to repeat information if asked.**

You will be asked for three key pieces of information:

1. Your **telephone** number
2. The **location** you want the ambulance to be sent to
3. The **reason** for the call

1. School's Telephone Number is:	
2. School Name	
School Address	
School Postcode for SATNAV	
Best Entrance to School Site	
Exact Location of the Patient within the School	
<b>STATE THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT</b>	
3. Name of Child	
Age of Child	
Description of Child's Symptoms	
Inform if Underlying Medical Condition	
Inform if any emergency rescue medication has been administered e.g. Midazolam - epilepsy, epipen - allergies, glucose - diabetes	
Inform if any emergency procedures have been carried out e.g. suction/trache tube replacement - tracheostomy, button replacement - gastro feed	



### **On Arrival of the Ambulance**

- Member of staff to meet crew and escort crew to the patient.
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate.
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication.
- Member of staff to travel in the ambulance with the patient.

## TEMPLATE H

### Medication Register – Date:

	NAME	MEDICATION	Date on Premises / Initial	Receipt Given	Prescription Start Date	Expiry Date	Batch No.	Date Leave Premises / Initial
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								