



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

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Supporting Pupils at School with Medical Conditions

The following guidance draws directly on statutory and non-statutory advice contained within DfE publication *"Supporting pupils at school with medical conditions": DfE -00393-2014* and should be read in conjunction with said publication.

The above publication provides the current guidance on managing medicines in schools and supporting pupils at school with medical conditions and replaces the earlier advice contained within the publication *'Managing Medicines in Schools and Early Years Settings': DfE/Department of Health 2005 Ref 1448-2005 DCL-EN*. The statutory guidance applies to any "appropriate authority" as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs).

Pupils at school with medical conditions should be properly supported so that they have full access to education including school trips and physical education.

Introduction

- Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.
- In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- 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 governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

Children with Medical Needs

- Children and young people with medical conditions are entitled to a full education and have the

same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. All children must receive a full time education, unless this would not be in their best interests because of their health needs. www.gov.uk/government/publications/school-admissions-code--2. However, in line with safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

- Some children with medical needs may be considered to be disabled under the definition set out in the *Equality Act 2010* and are protected from discrimination under the Act. The Equality Act 2010 defines a person as having a disability if:
 - a person has a physical or mental impairment, and
 - the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.
 - a reference to a disabled person is a reference to a person who has a disability. if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her abilities to carry out normal day to day activities.

The Act advises that it is against the law for a school or other education provider to treat disabled students unfavourably. This includes:

- 'direct discrimination' - eg refusing admission to a student because of disability
- 'indirect discrimination' - eg only providing application forms in one format that may not be accessible
- 'discrimination arising from a disability' - eg a disabled pupil is prevented from going outside at break time because it takes too long to get there
- 'harassment' - eg a teacher shouts at a disabled student for not paying attention when the student's disability stops them from easily concentrating
- victimisation – eg suspending a disabled student because they've complained about harassment

Reasonable adjustments

An education provider has a duty to make 'reasonable adjustments' to make sure disabled students are not discriminated against. These changes could include:

- changes to physical features - for example, creating a ramp so that students can enter a classroom
- providing extra support and aids (such as specialist teachers or equipment)

Procedures to follow when notification is received that a pupil has a medical condition

- For children starting at a new school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- The head teacher will ensure that sufficient staff are suitably trained, with cover arrangements in case of staff absence or staff turnover and ensure all relevant staff are made aware of a child's condition. Supply teachers will be briefed on a 'need to know' basis.
- Risk assessments for out of school visits and activities will include details regarding the support that will be provided for children with medical conditions.
- Individual healthcare plans will be monitored regularly and reviewed **at least annually** or earlier if required.

Individual healthcare plans

- Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. Norton Infant School, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. (A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A of "**Supporting pupils at school with medical conditions**")
- The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents and a relevant healthcare professional, eg school nurse, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- The healthcare plan should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- When deciding what information should be recorded on individual healthcare plans, consideration should be given to the following:
 - the medical condition, its triggers, signs, symptoms and treatments;
 - the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
 - specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
 - where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
- Some of the most important roles and responsibilities are listed below, but this list is not exhaustive.
 - **Governing bodies** 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 school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
 - **Head teachers** should ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers 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. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school 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.

- **School staff:** any member of school 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. School 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 school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **School nurses:** 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 should 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 school 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 and paediatricians should notify the school nurse 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. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).
- **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** 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 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- **Local authorities** are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. **Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).**

- **Providers of health services** should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

- **Clinical commissioning groups (CCGs):** commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

- **Ofsted:** their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

- Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff, who provide support to pupils with medical conditions, should be included in meetings where this is discussed. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Norton Infant School may choose to arrange training ourselves and will ensure this remains up-to-date.

- Training should 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. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- **Staff must not give prescription medicines or undertake healthcare procedures without appropriate training** (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

- Whole school awareness training will be provided, when required, so that all staff are aware of the our policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional will be consulted to advise on training that will help ensure that all medical conditions

affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

- After discussion with parents, children 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, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self manage, then relevant staff should help to administer medicines and manage procedures for them. This will be recorded.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Non-prescription medication such as anti-histamines, paracetamol based medicines (Calpol) etc. will not be administered by school staff.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Dates of expiry should be checked regularly and parents informed when medication is nearing expiration so that new medication can be obtained and brought into school.
- We will **never** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages unless a letter from a GP or consultant is provided which details the dosage change and the length of the change required. This will be recorded and a copy of the letter kept in school.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing

meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.

- 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 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 prescriber's instructions. Schools should 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. (See Record keeping)
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- We will always designate a minimum of two people to be responsible for the administering of medicine to a child.

Record keeping

- Written records, **Form 6**, are kept of all medicines administered to children. These can be found in the yellow 'Managing Medicines' file on the admin corridor.
- Use **Form 3A** to record short term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- A copy of all forms can be found in the Appendices at the end of this policy.

Emergency procedures

- As part of general risk management processes, arrangements are in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.
- Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff, ideally the Head teacher, will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. It is vital that the correct information about school's location and the child's condition is accurately articulated to the telephone operator.
- Guidance on calling an ambulance can be found on form F1. A copy of this can be found on the Head teacher's noticeboard in her office.

- The school is able to hold asthma inhalers for emergency use. This, however, is entirely voluntary.

Day trips, residential trips and sporting activities

- Norton Infant School staff will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be made aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Student placements from college

- We will provide induction training regarding the Health and Safety Policy.
- Students will be asked to share any relevant medical/ health requirements with the Head teacher.

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:
 - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - assume that every child with the same condition requires the same treatment;
 - ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
 - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
 - prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
 - 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
 - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Disposal of Medicines

- We will not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents/carers should also collect medicines held at the end of each term. If parents do not collect medicines, they should be taken to a local pharmacy for safe disposal.
- Any needles e.g. insulin needles will have the protective top replaced following use and put in a sealable plastic container that will be returned home daily so they can be disposed of in the family Sharps Bin.

Hygiene and infection control

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures for avoiding infection and follow basic hygiene procedures.
- Staff should use protective disposable gloves and sterile hand gels and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

ANNEX A

Further Advice and Guidance

Further advice and guidance can be sought from:

1. School Nursing Service – General Enquiries

For information relating to the provision of medicine to children.

Telephone 01302 384138

2. Human Resources Doncaster Metropolitan Borough Council

For information in relation to any issues in relation to staff.

Telephone 01302 737010

3. School Improvement Service

For information in relation to this policy in conjunction with risk assessment and school visits please contact Darren Saxton

Telephone: 01302 736692

4. Special Educational Needs Team

For general advice about children who have a statement of special educational needs, or for whom a statutory assessment is being completed.

Telephone: 01302 737209

5. Access Service Heatherwoodwood School

For general advice on moving and handling and accessibility of school premises and facilities.

Telephone: 01302 322044

ANNEX B:

FORMS

FORM 1	Contacting Emergency Services
FORM 2	Health Care Plan
FORM 3A	Parental agreement for school/setting to administer medicine
FORM 3B	Parental agreement for school/setting to administer medicine
FORM 6	Record of medicines administered to all children
FORM 7	Request for child to carry his/her own medicine
FORM 8	Staff training record – administration of medicines
FORM 9	Authorisation for the administration of rectal diazepam

Put a completed copy of this form by the telephone

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT
INFORMATION IF ASKED.**

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

- 1. Your telephone number**

01302 700743

- 2. Give your location as follows:**

**Campsall Balk
Norton
DONCASTER**

- 3. State that the postcode is:**

DN6 9DG

- 4. Give exact location in the school/setting**

School Office / Rear playground etc

- 5. Give your name**

- 6. Give name of pupil and a brief description of child's symptoms:**

- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:**

Front entrance – staff at gate to direct.

Child's details

Date plan produced _____ Date plan will be reviewed _____

Name		Date of Birth	/	/
Class/form/group		Class teacher		
Address				
Medical diagnosis or condition				

Family Contact Information

Name:	Relationship to child:
Home Telephone:	
Work Telephone:	Mobile:

Name:	Relationship to child:
Home Telephone:	
Work Telephone:	Mobile:

Clinic/Hospital Contact

Name:	Telephone:
Position:	

GP

Name:	Telephone:
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Describe medical needs and give details
Daily care requirements (eg before sport/at lunchtime)
Describe what constitutes an emergency for the child, and the action to take if this occurs
Follow up care
Who is responsible in an emergency(state if different for off-site activities)

Form copied to:

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Parental Agreement for School to Administer Medicine for Short-Term Use

Commencement date	
Name of child	
Class and name of class teacher and named person responsible for child's medical management in school	
Name of medicine	
Strength of medicine - as described on original packaging	
Expiry date	
Dosage specified on medicine	
Time of day when medicine must be given	
Any other instructions	
Quantity of medication being handed over to school/setting.	
NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY PHARMACY	
Daytime telephone number of parent or agreed contact	
Name and telephone number of General Practitioner	
Agreed finish/review date to be initiated by named staff above	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature Date

Print name

Headteacher's signature Date

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

Parental Agreement for school to administer medicine for use in long-term medical needs)

Name of Child		Date of Birth	
Class including the name of class teacher and named person responsible for child's medical management in school			
Medical Condition or Illness			
Name and type of Medicine as described on original packaging			
Date dispensed			
Expiry Date			
Agreed Review Date initiated by class teacher/person responsible			
Dosage and Method			
Timing			
Special Precautions			
Are there any side effects that school/setting should know about?			
Self administration		Yes or No (delete as appropriate)	
Procedures to take in an emergency			
CONTACT DETAILS			
Name		Day time telephone number	
Relationship to child			
Address			
I understand that I must administer the medicine personally (Staff signature)			

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Parent's signature Date

Print name

Headteacher's signature Date

REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICATION

This form must be completed by parents/carers

If staff have any concerns, this request should be discussed with healthcare professionals

Child's name	
Class	
Address	
Name of medicine	
Procedures to be taken in an emergency	

CONTACT INFORMATION

Name	
Daytime telephone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Date

If more than one medicine is to be given, a separate form should be completed for each one.

Staff training record – administration of medicines

Name of school	
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Name	
------	--

Type of training received	
---------------------------	--

Date of training completed	
----------------------------	--

Training provided by	
----------------------	--

Profession and title	
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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 *[please state how often]*

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Authorisation for the administration of rectal diazepam

Name of school/setting

Child 's Name

Date of birth / /

Home address

GP

Hospital consultant

..... should be given Rectal Diazepammg.

If he/she has *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

an ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature

Parent's signature

Date

Record of medicines administered to all children

Date	Child's name	Time	Name of Medicine	Dose given	Any reactions	Signature of staff	Print name