



# **Managing Medicines Policy (including First Aid)**

**At St. Mary's School we aim to:**

- Create a caring Christian community in which everyone is valued and able to learn and grow together;
- Inspire all our children to develop enquiring minds and a lifelong love of learning;
- Release potential through a broad and creative curriculum;
- Sustain an environment in which independence, respect and resilience will flourish;
- Nurture strong relationships between home, school, church and the wider community;
- Empower the children to become responsible local, national and global citizens.

**"Be the best I can in the love of Christ"**

The best interests of the child must be a top priority in all decisions and actions that affect children.

## **1. Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of St Mary's School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

**Any medicines brought into school must come in via the school office by the parent/carer. No form of medicine should ever be in a child's school bag or in their pocket - this includes such things as cough sweets, throat lozenges, creams and lip balm. Pupils should not bring any medication to school for self-administration.**

## **2. Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at St Mary's School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at St Mary's School is Amanda Hipwell or in her absence Neen Sawyer. In their duties staff will be guided by their training, this policy and related procedures.

## **3. Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

## **4. Admissions**

When the school is notified of the admission of any pupil the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an Individual Health Care Plans (IHP) and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk

assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

## **5. Pupils with medical needs**

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

## **6. All prescribed and non-prescribed medication**

The school will keep a small stock of antihistamine, for administration with parental consent for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the School Office with the appropriate consent form Template C (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by letter.

## **7. Confidentiality**

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

## **8. Long Term Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

- Each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C) or if applicable on the IHP)

## 9. **Non-prescription Medicines**

- Under **exceptional circumstances** where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.
- Each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C) or if applicable on the IHP)

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- antihistamine,

School held medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode. Parents/guardians will be advised to contact their Doctor if symptoms persist.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.

The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the

school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

### **10. Short term ad-hoc non-prescribed antihistamine**

A small stock of antihistamine will be kept by the school for administration if symptoms develop during the school day.

- For mild allergic reaction – anti-histamine (see Anaphylaxis)

For travel sickness – medication must be administered if required before educational visits and must be administered by the parent/guardian before school

### **11. Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Policy. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Policy. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

### **12. Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service who recommend that all staff are trained in the administration of auto injectors and that training is renewed as required.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice, the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

#### **Mild Allergic Reaction**

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction.

#### **Hay fever/known allergies**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only

administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. It must be supplied in the original box, clearly labelled, with the PIL inside and Template B must be filled out by the parent. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

### **13. Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the School Office.

### **14. Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access.

Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

### **15. Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

### **16. Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medical room fridge to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

### **17. Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **18. Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are outlined below:

Each Key Stage 1 classroom has a stock of protective gloves, cleaning wipes, cleaning spray and nappy sacks, etc. – stored on the top shelf in the cupboard (out of reach of the children). In the event of an incident involving bodily fluids the following steps are taken by our staff as appropriate:

- 1) Put protective clothing on
- 2) Cordon off the area where the incident has happened
- 3) Ensure all other children have been removed / vacated the area
- 4) Deal with cleaning up the child first
- 5) Once the child is clean and sorted, clean the area where the incident happened
- 6) Get bodily fluids kit from the locked cleaners cupboard and follow instructions on packet
- 7) Dispose of waste and soiled gear (yellow bin in the Medical room)

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

## **19. Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

## **20. Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

## **21. Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. Sufficient school staff are trained to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

## **22. Educational Visits (Off - site one day)**

Non-prescription medicines as detailed in this policy (antihistamines) can be administered by staff for mild allergic reactions. Pupils must not carry medication for self administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

## **23. Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. The school will keep its own supply of paracetamol, antihistamines and throat lozenges for administration during a residential visit. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect. (Appendix 2 Template C).

The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

## **24. Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

## **25. Complaints**

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates September 2017

Appendix 2 – WSCC Administering Medicines Templates September 2017

## **First Aid Policy**

Educational establishments must provide first aid for staff, pupils and visitors. Contractors who work on site must provide their own first aid. First aid must be available at all times when people are on site, and to groups who are doing off-site activities or are otherwise in the establishment's duty of care.

### **1. Qualifications and Training**

All appointed first aiders, must hold a relevant current certificate that has been obtained through attendance on a training course run by an approved organisation:

Health and Safety at Work training providers must be approved by the Health and Safety Executive.

Emergency First Aid at Work training providers must be a recognised Awarding Body of the Qualifications and Curriculum Authority.

Paediatric/ Early Years First Aid training providers must be approved by the Local Authority.

### **2. How Many First Aiders?**

The number of qualified first aiders necessary for an educational establishment will depend upon the size and layout of the premises, the number of people it accommodates and the nature of the activities carried out.

There must be a sufficient number of first aiders, strategically located to ensure that assistance will be provided quickly in an emergency. The number must also be sufficient to ensure provision will be maintained during foreseeable absences such as sickness, and to accommodate educational visits and sporting fixtures. First aid duties can be shared between qualified staff, provided the appropriate level of provision is maintained.

### **3. Risk Assessment**

For a school of our size (210 pupils) the Local Authority's minimum levels are FAW 1 and EFAW 2.

The level of cover at St Mary's greatly exceeds the minimum requirements.

### **4. Children Under Five**

In establishments providing education or care to children under five, there must always be at least one person with a paediatric/early years first aid certificate on the premises and accompanying off-site groups. This qualification is additional to the requirements above.

### **5. Contacting First Aiders**

We ensure that everybody on the premises knows how to summon a first aider in an emergency. St Mary's uses a Red card system and all staff are aware of

the need to respond immediately to a red card. The procedure is included in staff induction training and pupil safety briefings in assemblies.

## **6. Carrying Out a Risk Assessment**

First aid must be provided to any person that we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that immediate assistance will be provided to casualties and an ambulance will be summoned when appropriate. Separate Risk Assessments are carried out for pupils or visitors with specific needs.

## **7. Appropriate Actions**

This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or making an emergency call to summon an ambulance. In non-urgent situations where the guidance contained in the First Aid Manual is insufficient, they can also contact NHS Direct. Urgent treatment should not be delayed in order to consult with parents or carers.

## **8. Indemnity**

WSCC employees who hold a valid first aid qualification are indemnified by the county council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided.

## **9. Calling the Emergency Services**

An aide memoire is displayed near the telephones in the school office to assist anyone when calling for the emergency services.

## **10. Pupils with Medical Conditions**

First aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupil Health Care Plans must be available to first aiders and a copy should be provided to any medical practitioner providing emergency medical treatment to such pupils.

See Pupils with Long-Term or Complex Medical Needs in the Managing Medicines section of this policy.

## **11. Medicines- see Managing Medicines above**

Records are kept of any medicines that are administered by school staff. These records must also be available to first aiders, and if a pupil who has received medicines is referred for further treatment or assessment, or emergency medical treatment, a record of any medicines administered that day must be provided to the medical practitioners.

## **12. First Aid Materials, Equipment and Facilities**

There must be an adequate level of first aid materials, equipment and facilities in every establishment, to ensure that an injured person can be treated quickly in an emergency. The number and content of first aid kits will depend upon risk assessment.

We have a small first aid kit (bum bag) in each classroom and one each for the Midday Meals Supervisors as well as 2 larger kits to be taken on trips and visits. We have a defibrillator outside the school office for use in an emergency. A defibrillator is a device that gives a high energy electric shock through the chest wall to someone who is in cardiac arrest. All staff who have attended an EFAW course have been shown how to use a defibrillator.

## **13. First Aid Kits**

All of our First aid kits are stored in containers designed to protect the contents from damp and dust and marked with a white cross on a green background. Disposable aprons and waste bags must be kept near the first aid kit. We do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit. There are no particular items that must be kept in a first aid kit, but as a guide there should always be at least

- a leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing (approximately 18cm x 18cm)
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- two pairs of disposable gloves.
- small bottle of clean water

## **14. Medical Accommodation**

The Medical Room has adequate first aid facilities and equipment. It is not used solely for these reasons, but it is appropriate for this use and available when needed. It is well lit, contains a washbasin and toilet, and the floor and surfaces are easy to clean and disinfect. There is a mattress and blanket available when needed. It is located on the ground floor with reasonable access for a wheelchair or gurney.

At St Mary's we have accommodation to care for children during school hours, and for health professionals to carry out medical and dental examinations.

## **Asthma Policy**

### **1. What is asthma?**

Asthma is a physical condition in which the muscles of the air passages go into spasm and the linings of the airways swell. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. At St Mary's we aim to provide an environment that is favourable to children with asthma.

### **2. Asthma medicines**

From October 1<sup>st</sup> 2014 following changes to the Human Medicines Regulations 2012 schools are able to purchase inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and not for profit. It is recommended that schools keep a small stock of back-up inhalers for emergency use. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the head teacher.

St Mary's school holds two spare inhalers and a number of single use spacers which are kept in the School office. These are held in case a pupil's own inhaler runs out, is lost or broken.

It is the schools responsibility to ensure the school inhaler remains in date. Spacers provided by pupils for their own individual use should be cleaned between uses. Wash spacer in warm soapy water, rinse with clean running water and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

### **3. Record keeping**

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school on their enrolment form. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.

Schools must gain consent from parent to administer the schools emergency inhaler and a register must be kept with the inhaler that details which

parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

#### **4. Exercise and activity - PE and games**

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed.

#### **5. School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science or art lessons that are potential triggers for pupils with asthma.

#### **6. Asthma Attacks – School’s Procedure**

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil’s Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil’s condition does not improve or worsens, the First Aider will follow the ‘Emergency asthma treatment’ procedures detailed below
- The First Aider will call for an ambulance if there is no improvement in the pupil’s condition
- If there is any doubt about a pupil’s condition an ambulance will be called

#### **7. Emergency asthma treatment**

##### **Asthma attacks & wheeziness**

Signs of worsening asthma:

- Not responding to reliever medication
  - Breathing faster than usual
  - Difficulty speaking in sentences
  - Difficulty walking/lethargy
  - Pale or blue tinge to lips/around the mouth
  - Appears distressed or exhausted
- Give **6 puffs of the blue inhaler via a spacer**
  - Reassess after 5 minutes
  - If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**

- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Dear Parent/Carer

**Asthma Information Form**

Please complete the questions below so that the school has the necessary information about your child’s asthma. **Please return this form without delay.**

CHILD’S NAME..... Age ..... Class .....

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child’s current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

.....  
.....

3. What triggers your child’s asthma?

.....

Inhalers must be clearly labelled with your child’s name and must be replaced before they reach their expiry date. The school will also keep an emergency salbutamol inhaler for emergency use.

**I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school. I agree that the school can administer the school emergency salbutamol inhaler if required.**

Signed:      Date.....  
*I am the person with parental responsibility*

Circle the appropriate statements

- My child carries their own inhaler.
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**  
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:     Date.....

*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date
<i>I am the person with parental responsibility</i>	

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler?					
Spacer (if required)					
Record any further follow up with the parent/carer:					



## **Appendix 1**

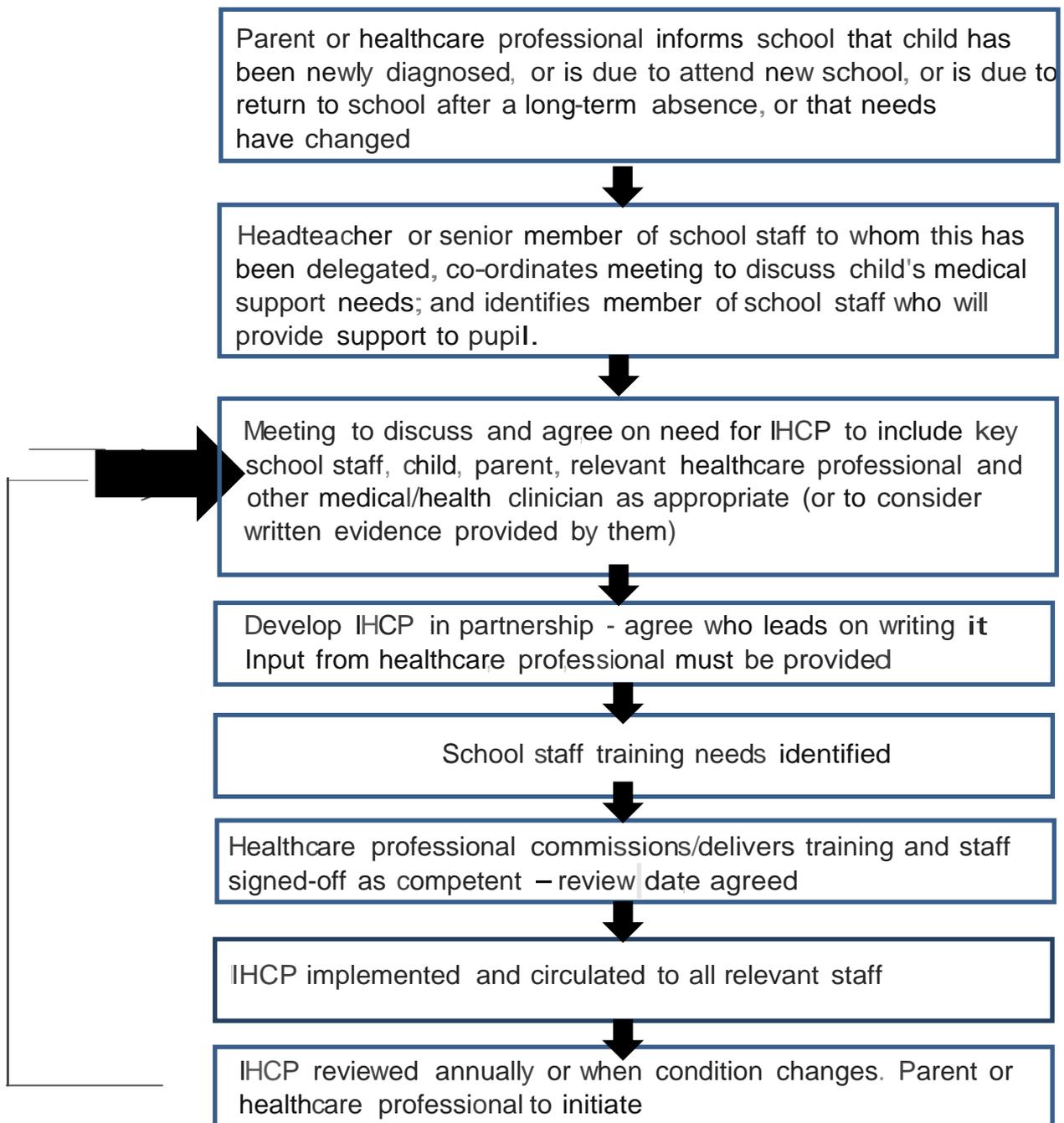
# **Care Plan Templates**

**Supporting pupils with medical conditions**

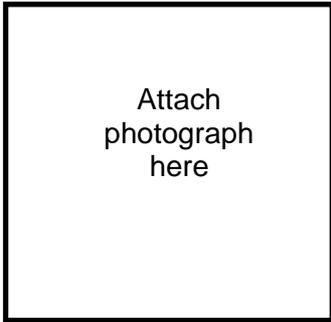
**September 2017**

<b>Contents</b>	
Model process for developing individual health care plans	
Template 1 – Individual health care plan (IHCP)	
Template 2: Individual protocol for Mild Asthma	
Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction	
Template 4 : Individual protocol for an Emerade adrenaline auto injector	
Template 5 : Individual protocol for an Epipen adrenaline auto injector	
Template 6 : Individual protocol for a Jext pen adrenaline auto injector	

## Model process for developing individual healthcare plans



# Template 1: individual healthcare plan (IHCP)



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	
--	--

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

--

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

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and 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. I agree that my child's medical information can be shared with school staff responsible for their care.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

Copies to:

## Template 2: Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....  
 D.O.B. ....  
 Class .....



### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

- Does your child need an inhaler in school? Yes/No (delete as appropriate)
- Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....  
 Do they have a spacer?  
 .....

3. What triggers your child's asthma?  
 .....

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?  
 .....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

## Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

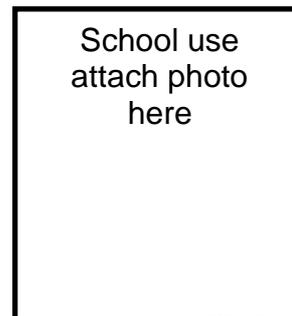
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....  
 .....



### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

### GP

Name:

Phone No:

Address:

### Clinic/ Hospital Contact

Name:

Phone No:

Address:

### MEDICATION - Antihistamine

Name of antihistamine & expiry date

.....

- It is the parents responsibility to ensure the Antihistamine has not expired

Dosage & Method: **As prescribed on the container.**

- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.

Signed:.....Print name.....Date.....

*I am the person with parental responsibility*

### Individual protocol for using Antihistamine (e.g. Piriton)

**Symptoms may include:**

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

**Stay Calm**

**Reassure**  
.....

**Give Antihistamine delegated person responsible to administer antihistamine, as per instructions on prescribed bottle**

**Observe patient and monitor symptoms**

**Inform parent/guardian to collect**  
.....

**from school**

**If symptoms progress and there is any difficulty in swallowing/speaking /breathing/ cold and clammy  
Dial 999**

**A = Airway  
B = Breathing  
C = Circulation**

**If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol**

**If symptoms progress Dial 999 - Telephone for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Pupils name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

## Template 4 : Individual protocol for an Emerade adrenaline auto injector

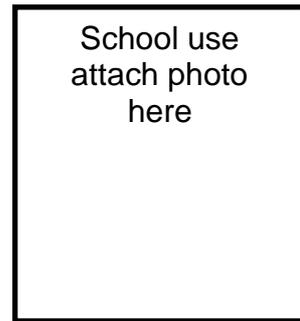
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name				Relationship to pupil		
Phone numbers	Work		Home		Mobile	Other

If I am unavailable please contact:

Name				Relationship to pupil		
Phone numbers	Work		Home		Mobile	Other

### GP

Name:  
Phone No:  
Address:

### Clinic/ Hospital Contact

Name:  
Phone No:  
Address:

### MEDICATION Emerade

Name on Emerade & expiry date:

.....

- It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for.....using an EMERADE (Adrenaline auto injector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Stay Calm**

Reassure.....

**One member of staff to Dial 999**

**REMEMBER**

**A = Airway**  
**B = Breathing**  
**C = Circulation**

**Give EMERADE first then dial 999**

**Administer Emerade in the upper outer thigh**

Remove cap protecting the needle  
Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

**Hold Emerade in place for 10 seconds.**

Can be given through clothing, but not very thick clothing.  
Note time injection given.

**If no improvement give 2<sup>nd</sup> EMERADE 5 minutes later**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Childs name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

## Template 5 : Individual protocol for an EpiPen adrenaline auto injector

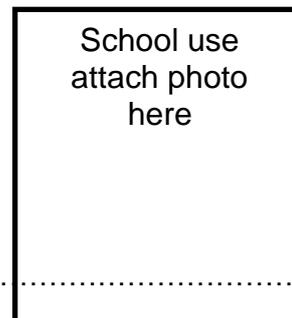
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

### GP

Name:

Phone No:

Address:

### **MEDICATION EPIPEN**

Name on EPIPEN & Expiry date:

.....

### Clinic/ Hospital Contact

Name

Phone No:

Address:

- It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's EpiPen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for using an Epipen (Adrenaline Auto injector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Stay Calm**

Reassure .....

**One member of staff  
to Dial 999**

**REMEMBER**

**A = AIRWAY  
B = BREATHING  
C = CIRCULATION**

**Give EPIPEN first  
then dial 999**

**Administer Epipen in the  
upper outer thigh**

Remove grey safety cap  
Hold epipen with black tip  
downwards against thigh  
jab firmly.

**Hold epipen in place  
for 10 seconds**

Can be given through clothing,  
but not very thick clothing.  
Note time of injection given

**If no improvement give  
2<sup>nd</sup> EPIPEN 5 minutes  
later**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

## Template 6 : Individual protocol for an Jext pen adrenaline auto injector

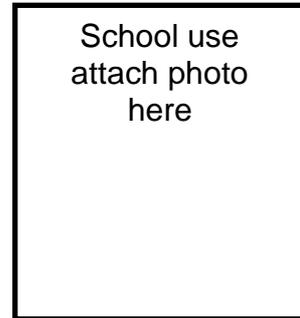
CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



### Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other

### GP

Name:

Phone No:

Address:

### MEDICATION JEXT

Name on JEXT & expiry date: .....

### Clinic/ Hospital Contact

Name:

Phone No:

Address:

- It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.

Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

**Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Give JEXT pen first  
Then call 999  
Administer in the upper  
thigh**

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

**Hold in JEXT Pen in place  
for 10 seconds.**

Can be given through clothing, but not very thick clothing

Note time of injection given

**If no improvement give  
2<sup>nd</sup> JEXT Pen  
5 minutes later**

**Stay Calm**

Reassure .....

**One member of staff  
to Dial 999**

**REMEMBER**

**A = AIRWAY  
B = BREATHING  
C = CIRCULATION**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.



## Appendix 2

# Administering Medicines Templates

Supporting pupils with medical conditions

<b>Contents</b>	
Template A – Pupil Health Information Form	
Template B – Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines	
Template C – Parental consent to administer medicine	
Template D – Record of medicine administered to an individual child	
Template E – Record of medicine administered to all children	
Template H Consent to administer non-prescribed medication on a school trip	

## Template A: Pupil Health Information Form

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Childs Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

Please complete if applicable

Has your child been diagnosed with or are you concerned about any of the following:

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Medication</b>
<b>Asthma</b> NB:Parents of pupils with mild asthma must also sign an asthma protocol form (template 2 in Appendix 1) available from the school			
<b>Allergies/Anaphylaxis</b> NB:Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school)			
<b>Epilepsy</b>			
<b>Diabetes</b>			

--	--	--	--

Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

Condition	Medication, emergency requirements

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:

--

--

Thank you

## Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupils Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by letter. The school holds a small stock of the following medicines:

**Anti-histamine**

***Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.***

\_\_\_\_\_  
Signature(s) Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

## Template C: parental consent to administer medication (where an Individual

Healthcare Plan or Education Healthcare Plan is not required)

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 child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

### Medicine

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other  
instructions

--

Are there any side effects that the  
school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

### Contact Details

Name

--

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. 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)

Date

**If this is a request to administer non-prescribed medication, please work with the school to complete Template C1 on the reverse of this form**

# Template D: record of medicine administered to an individual child

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


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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


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


**D: Record of medicine administered to an individual child (Continued)**

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

--	--	--



# Template H – Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child’s other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupils Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

If your child develops the relevant symptoms during the residential visit, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return. The school will hold a small stock of the following medicines:

<input type="checkbox"/> Paracetamol	<input type="checkbox"/>
<input type="checkbox"/> Anti-histamine	<input type="checkbox"/>
<input type="checkbox"/> Travel sickness	<input type="checkbox"/>

***Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.***

\_\_\_\_\_  
Signature(s) Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name