Nottinghamshire County Council



Administration of Medicine in Educational Settings Policy

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Policy Statement

The aim of this policy is to ensure that individual children and young people with medical needs are effectively supported to enable them to have full access to 'school' life, including school trips and PE lessons.

This policy provides guidance and support to school staff at Christ Church primary School on managing medicines within the school context to put in place effective systems to support individual children and young people.

We recognise that we have a legal duty to support children with medical conditions, in line with the Children and Families Act 2014 (Section 100). The Policy supports the Department for Education's (DfE) guidance *Supporting child at school with medical conditions*.

Christ Church primary School does not expect or rely on parents/carers to provide the medical support that their child requires during the school day. However, the school will ensure that they are fully involved in the planning and reviewing of the support provided.

AIMS

- To safeguard the dignity, rights and well-being of children.
- To ensure that children are treated consistently when medicines are being administered by school staff.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents / carers are involved in planning of the administration of medicines to their child and are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about the administration of medicines.
- To ensure that staff are well supported and are appropriately trained.

The principles underpinning this Policy:

- Children should be encouraged to express choices.
- Children have the right to feel safe and secure
- Children have the right to remain healthy
- Children should be respected and valued as individuals
- Children have a right to privacy, dignity and a professional approach always from staff when meeting their needs
- Children have the right to information and support to enable them to make appropriate choices
- Children have the right and know how to complain about the administration of medicine and have their complaint dealt with effectively by the school.

The school understands the importance of medication being taken as prescribed.

Staff will understand the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on children.
Where a child has a long-term medical need, a written Intimate Care and Health Plan will need to be drawn up with the school, parent / carer, and with the support of a health professional if required. A letter confirming the need for the medication will be required from the relevant health professional.

It is the responsibility of the parent / carer to inform the school about any needs before a child is admitted or when a child or young person first develops a medical need.

The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Separate guidance is provided on these common medical conditions as part of this Policy.

Risk assessments

The school will have in place and keep risk assessments up to date covering the administration of medicines. Staff should be consulted to ensure that they fully informed and understand, and training provided where identified and as required.

Responsibilities

Parents and Carers

The school believes It is important that parent / carers are involved in appropriate discussions with the school regarding the administration of medicines whilst in school.

If the headteacher and school staff agree to administer medication on long / short term or occasional basis, the parent / carer are required to complete a consent form.
Verbal instructions will not be accepted.

If it is known that children are self-administering medication in school on a regular basis, a completed consent form is still required form the parent / carer.

All children requiring regular support or monitoring in school for a medical condition or intervention in an emergency arising from an existing medical condition will need an **Intimate Care and Health Plan**. The SENDCo will consult with parents / carers and child (wherever possible), to develop and implement a child 's specific health and care plans, with supporting written information from an appropriate medical professional.

The Intimate Care and Health Plan will provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in school (including any emergency protocols)
- when this needs to happen
- who should provide the support needed.

The parent / carer needs to ensure there is sufficient medication and that the medication is in date. The parent / carer must replace the supply of medication at the request of relevant school or health professional.

Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date / pharmacist details
- Sealed bottle

The child's voice

The school believes it is important that the child, subject to their understanding, should be involved in discussions regarding the administration of their medicines in the school. It is the responsibility of all staff caring for a child to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

School Staff

There is no legal or contractual duty within the School Teachers' Pay and Conditions Document (STPCD) that requires teaching staff to administer medications, but teachers may voluntarily agree.

However – importantly - the duty on schools remains and as such, school leaders and governing bodies will need to ensure children's needs are met by providing support and training to staff to undertake these duties and responsibilities. Where such duties and responsibilities become a regular part of the post, consultation with staff may take place with a view to incorporating them into the employees' job description. Where required, the post may need to be subject to further job evaluation.

If there are insufficient volunteers from existing staff (teachers and support staff), support staff job descriptions will need to be reviewed so that the school can meet the needs of children. In some situations, where voluntary solutions cannot be found, schools may need to formally review their staffing structures and reorganise staffing by dis-establishing and establishing new posts. In all cases, head teachers are strongly advised to explore voluntary solutions through consultation to determine how children's needs can be met and to understand why staff may be reluctant or unwilling to undertake such duties. In most situations staff concerns can be allayed through discussion, support and training. In some cases, job descriptions will contain or be

amended to include specific requirements in an individual's job description or staff may formally elect to support children in this way.

The school will ensure that all staff involved in the administration of medicines are appropriately trained to undertake these responsibilities.

More generally the school will ensure all staff understand their duty of care to children and young people in the event of an emergency and are confident about what to do in such an emergency.

Intimate Care and Health Plans

Christ Church Primary School will complete the Intimate Care and Health Plan with the parents / carers, the child (wherever possible), together with supporting written information from a medical professional and relevant school staff, when a child requires regular support or monitoring in school for a medical condition or may require intervention in an emergency arising from an existing medical condition.
N.B. Intimate Care and Health Plans are not usually required for short term illnesses.

The Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust) will provide support to co-ordinate obtaining the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified

The Intimate Care and Health Plan should include the following information.

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition or support required changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

Staff Training

Staff must not administer medicines or undertake delegated healthcare task without appropriate training. Further support and appropriate training can be sought from the Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust). The Team's email address is CCYPSReferral@nottshc.nhs.uk

A copy of the training, including where available the competency training certificate for relevant training, will be retained by the school. This will evidence who carried out the training, their title, who received training and on what date. The school should ensure that they are given a date by which competencies expire and must arrange for refresher or updated competency packages to be completed.

The school will ensure that training is given to enough members of staff to ensure that back-up arrangements can be put in place should a designated member of staff be absent. Refresher training should be arranged as required.

The Head Teacher is accountable for ensuring that staff are appropriately trained; have had their competencies signed off, that records are kept and systems are in place to ensure future training needs are met.

Additionally, the school will ensure a wider awareness of children with medical conditions and how to support them. Awareness training should be provided to all staff encountering the child. Additionally, staff with children with medical needs in their class should have a copy of the individual healthcare plan.

Storage

When items need to be available for emergency use (e.g. asthma pumps and EpiPens), they may be kept in the medical room or designated area according to the size / layout of the building or with the children, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use by the child and / or staff.

When prescription items are held by the school for administration by school staff, they must be stored in a fixed lockable cupboard/cabinet, with restricted access to keys. If they are required to be kept in a fridge, the fridge should be in a locked room (e.g. first aid room / cupboard).

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on the school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent / carer, e.g. at the end of term. These drugs must be kept in a locked cabinet within a room with restricted access by staff only (e.g. first aid room).

Prescription medicines including Antibiotics

Ultimately, parents are responsible for managing their child's health and as such, most prescription medicines will be administered at home. For instance, medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child or young person's health or attendance not to do so, prescription medicines should be administered at the school or setting.

Schools and settings should only ever administer prescription medicines:

- where parental written consent is provided in advance and with agreement of the Head Teacher
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist

- in line with the prescriber's instructions *(staff should never make clinical decisions about medication or make changes to dosages at parental request).*

Medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this requirement. Schools and settings should keep a record of this information.

Medicines should be handed over by parents (not children) to a designated member of staff at the main school office. They must be stored on site in a dedicated, locked storage cupboard (ideally a medicine cabinet). Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely.

Some medicines (insulin and liquid antibiotics) need to be kept in a purpose designed fridge for medicine storage. The key requirements of the fridge are:

- A digital minimum/maximum thermometer, ideally integrated and readable from outside the fridge and ability to data log temperatures
- Maintain temperatures between 2°C and 8°C.
- All refrigerators used for storing medicines should be of pharmaceutical grade and meet the Medicines and Health Regulatory Agency (MHRA) guidelines on 'Control and monitoring of storage and transportation temperatures of medicinal products.'
- Meet W.H.O. performance criteria (E3/PROC/3/2)

(Please seek advice from the County Council's Health and Safety Team on the type of fridge and monitoring arrangements whilst medicines are being stored).

Schools and settings should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child to rest and recover, if required.

Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:

- parental agreement form
- expiry date of the medicine
- child or young person's name tallies with the name on the medicine container
- prescribed dose and the way it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded.

The medicine can then be administered in accordance with the prescriber's instructions. **If staff are uncertain or in doubt, they should not administer medication; they should contact the head teacher so that further information can be clarified with the child's parents before proceeding.**

It is vital that clear records are always maintained by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Any side effects should be noted.

This must be completed immediately after administration. If a child refuses medicine, the record must state this, and the parents must be informed at the earliest possible opportunity.

The school will ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home.

Non-prescription (over the counter) medicines

The school may administer non-prescription medicines at the discretion of the Head Teacher. As with prescription medicines, they should only be given where it would be detrimental to the child's health or attendance not to do so. Therefore, **this should be the exception rather than the norm.**

The types of non-prescription medicines the school may be asked to administer include pain relief [e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication]. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines, especially to suit the requirements of a school or setting.

The school will **not** accept non-prescription medicines from parents to administer on an 'as-and-when-required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child has returned to education following an illness or injury.

Parents / Carers are ultimately responsible for their child's health and it is not expected that the school will administer non-prescription medicines to 'keep' a child in the school if they are simply too unwell to attend.

When agreeing to administer non-prescription medicines, schools and settings should always:

- ensure they obtain written parental consent prior to administering medication
- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.

The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Disposal of Medicine

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each of term.

Residential Visits

On occasion it may be necessary for a school to administer an "over the counter" medicine in the event of a child and young person suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child refuses medicine, the parent / carer should be informed the same day and be recorded accordingly. **Staff cannot force a child to take any medicine.**

Self-Management

Children and young people will be encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever, where this is appropriate.

Travel Sickness

In the event of a child suffering from travel sickness (by coach or public transport), they should be given the appropriate medication before leaving home; when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents and time of medication). **Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.**

Emergencies

The school must have detailed arrangements in place for dealing with emergency situations. All staff will receive yearly updates on what action to take in an emergency.

For children with medical conditions which might result in an emergency, an emergency protocol must be agreed and included in the Intimate Care and Health Plan. Staff should have received training in the procedure to be followed and any medication to be administered. It is good practice for the Head Teacher to ensure that staff regularly familiarise themselves with this protocol.

The Head Teacher should ensure that relevant staff have information about the child, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called.

This is often known as a ‘grab pack’ and will contain details about the child or young person’s medical condition, including their Intimate Care and Health Plan. In an emergency, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children to hospital in their own vehicle. If a parent / carer cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent / carer arrives.

Members of staff accompanying children or young people to hospital cannot give consent for any medical treatment, as they will not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents / carers cannot be contacted and will assume responsibility for subsequent actions as set out in their code of practice. The school should, however, be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) which they should communicate to hospital staff.

A. Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured does of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff that have volunteered and have been designated as appropriate by the Head Teacher and has received the appropriate training.

- There should be an Intimate Care and Health Plan and consent form in place for each child or young person – these should be readily available.
- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The EpiPen should be readily accessible for use in an emergency and where children or young people are of an appropriate age; the EpiPen can be carried on their person.
- Expiry dates and discolouration of contents should be checked daily.
- The use of the EpiPen must be recorded on the child's or young person's care plan with; time, date and full signature of the person who administered the EpiPen.
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent / carers' responsibility to renew the EpiPen before the child returns to school.
- If the child or young person leaves the school site e.g. school trips, the EpiPen must be readily available.

B. Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children with their inhalers, a consent form from the parent / carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers **must** be readily available when children need them. Children should be encouraged to carry their own inhalers. If the child is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered.
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidently left at home of the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's name.
- Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other children misuse inhalers.
- The parent / carer should be responsible for renewing out of date and empty inhalers.
- The parent / carer should be informed if a child is using the inhaler excessively.
- Physical activities will benefit children and young peoples with asthma, but they may need to use their inhaler 10 minutes before exertion. **The inhaler must be available during PE and games.** If children are unwell, they should not be forced to participate.
- **If children are going on off-site visits, inhalers must still be accessible.**
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school (e.g. animal fur, glues and cleaning products). Care should be taken to ensure that any children who react to these are advised not have contact with these.

C. Guidelines for Managing Hypo Glycaemia

(Hypo's or Low Blood Sugar) in children who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In most children or young people, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children with diabetes can also become unwell as a result of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

To prevent "hypo's":

- There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent / carer. Staff should be familiar with children and young people's individual symptoms of a "hypo". This will be recorded in the care plan.
- Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes. Off-site activities (e.g. visits, overnight stays), will require additional planning and liaison with the parent / carer.

To treat "hypo's":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo". Symptoms may include sweating, pale skin, confusion, and slurred speech.
- Treatment for a "hypo" might be different for each child or young person, but will be either dextrose tablets, or sugary drink, chocolate bar or hypo-stop (dextrose gel), as per the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting, a 999 call must be made, and the child or young person put in the recovery position. Do not attempt oral treatment. The parent / carer should be informed of "hypo's" where staff have issued treatment in accordance with the health and care plan.

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious.

D. Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other children and young peoples. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences, and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school the child or young person may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such ad being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's or young person's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts.

Wherever possible the child or young person should be enabled to start in the same ability sets as before, unless they specifically want to change groups. Regularly revise the child's or young people's timetable and school day as necessary.

Having a Key Person at school

It is helpful to have one "key" adult that the child or young person can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available.

Physical Activity

Plan for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the child or young person to have a buddy to carry their bags and for them to have access to lifts.

Some children and young people may not want to be left out during PE despite tiredness or other physical limitations. Include the child or young person as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's or young person's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child or young person, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child or young person) call 999 for an ambulance and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Further Information and Guidance

Asthma UK
www.asthma.org.uk

Diabetes UK
www.diabetes.org.uk

Epilepsy Action
www.epilespy.org.uk

CLIC Sargent (Cancer)
www.clicsargent.org.uk

Christ Church CoE Primary School

Intimate Care & Health Needs Assessment and Plan

Pupil	
Date of Birth	
Class Name / Tutor Group	
SEN Primary Need (if applicable)	
Medical Diagnosis or Condition	
Date completed	
Completed by	
Review Date (at least every 12 months)	

Contact Information

Contact 1		**Contact 2**	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		**GP**	
Name		Name	
Phone No.		Phone No.	

Child's preferred method of communication	
Does the child have any relevant allergies or sensitivity?	
Does the child require assistance with mobility or transfers?	
Does the child have any Religious or Cultural needs?	

OVERVIEW OF NEEDS

Procedure			Named / trained staff
Eating and drinking	Assistance required at mealtimes		
	Supervised at mealtimes		
	Nasal Gastric tube feed		
	Gastrostomy feed		
	Continuous pump feed		
	Periodic pump feed		
	Manual feed		
	Other specialist feed.		
Airways/suction	Oral		
	Tracheotomy		
Medication: Emergency and/or Routine	Epipen		
	Oral		
	Rectal e.g. diazepam, ACE procedure		
	Suppository		
	Supervised medication		
	Administered		
	Supervised		
	Dressings		
Toileting	Rectal procedure e.g. enema		
	Catheterisation		
	Supervised catheterisation		
	Pad change (day and/or night)		
	Menstruation		
	Assistance with toileting		
	Supervised toileting		
Personal Care	Washing		
	Showering		
	Dressing		
	Cleaning e.g. gastrostomy site		
	Teeth		
	Shaving		
	Hair / styling		
	Lotions/creams		
Behavioural	Social/emotional		
	Sexual awareness		

ARRANGEMENTS

PERSONAL & INTIMATE CARE - Safe System of Work			
NEEDS / SYMPTOMS:			
DAILY CARE REQUIREMENT / SUMMARY: e.g. toileting/changing			
Pupil's Level of Ability: Circle/underline/delete from boxes below as appropriate			
Independent	Independent /supervised	Partially assisted 2 carers	Fully assisted by 2/3 carers
Environment Required: e.g. adapted/disabled bathroom, medical room, dining room			
Equipment Required: e.g. gloves, apron, wipes etc N.B. If creams / gels or medical equipment are required these must be prescribed and specified by parents and the correct forms completed for staff to administer			
Detailed Description of Procedure This must be written from the pupil's perspective and must include: Clear guidance regarding the pupil's involvement, (including ability and expectations), Clear instructions for each carer involved with the procedure, Age appropriate language			
What Constitutes an Emergency / who is responsible for their care			
What follow-up Care is Needed			
Date assessed			

Assessors signature	
Parent/carer signature	
Proposed review date	

Nottinghamshire County Council

Request for Child / Young Person to Carry Medication

This form must be completed by the Parent / Carer.

Name of School / Setting:	
Child's Name:	
Date of Birth:	
Class Name / Tutor Group:	
Child's Address:	
Name of Medication:	
Procedures to be taken in an emergency	

Contact Information

Name:	
Daytime Phone No.	
Relationship to Child / Young Person:	

I would like my child to keep their medicine on their person for use as necessary.

Signed:	
Date:	

If more than one medicine is to be given a separate from must be completed for each type of medication.

Nottinghamshire County Council

Administration of Medicines Record Form (Class 1 and 2 Drugs)

Child's Name:	
Class Name / Tutor Group:	

Name of Medication	Dosage (Time, Frequency and Amount)	Date	Time (24 Hour Clock)	Signature 1	Signature 2

CHRIST CHURCH CoE PRIMARY SCHOOL

PARENTAL AGREEMENT for SCHOOL TO ADMINISTER MEDICINE

This form is for **SHORT-TERM MEDICATION** (e.g. antibiotics)

PLEASE NOTE: The school will not give your child medicine unless you complete and sign this form.
This is part of the robust Managing Medicines Policy that is followed by the school.
A separate form should be used for each different type of medicine.

CHILD's NAME	
DATE of BIRTH	
YEAR / CLASS	

ILLNESS / MEDICAL CONDITION	
MEDICINE NAME & STRENGTH	
EXPIRY DATE	
DOSE / QUANTITY TO BE GIVEN	
WHEN TO BE GIVEN	
ANY OTHER INSTRUCTIONS e.g. before / after food	

PLEASE NOTE: ***Medicines must be in the original container with all packaging and instructions.***

GP NAME & CONTACT NUMBER	

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

I give consent for school staff to administer medicine in accordance with the instructions above and in line with the school policy.

I will inform the school immediately, in writing, if there is any change to the dose or frequency of the medicine.

YOUR NAME	
YOUR RELATIONSHIP TO CHILD	
YOUR CONTACT NUMBER	
DATE FORM COMPLETED	
SIGNATURE	

CHRIST CHURCH CoE PRIMARY SCHOOL

PARENTAL AGREEMENT for SCHOOL TO ADMINISTER MEDICINE

This form is for **OCCASIONAL MEDICATION** (e.g. inhalers)

PLEASE NOTE: The school will not give your child medicine unless you complete and sign this form.
This is part of the robust Managing Medicines Policy that is followed by the school.
A separate form should be used for each different type of medicine.

CHILD's NAME	
DATE of BIRTH	
YEAR / CLASS	

ILLNESS / MEDICAL CONDITION	
MEDICINE NAME & STRENGTH	
EXPIRY DATE	
DOSE / QUANTITY TO BE GIVEN	
TIME / WHEN TO BE GIVEN	
ANY OTHER INSTRUCTIONS e.g. before / after food	
ANY KNOWN SIDE-EFFECTS	
MY CHILD CAN SELF-ADMINISTER THEIR MEDICATION: YES NO	

PLEASE NOTE: ***Medicines must be in the original container with all packaging and instructions.***

GP NAME & CONTACT NUMBER	

My child has no known allergy to the medicine listed above.

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

I give consent for school staff to administer medicine in accordance with the instructions above and in line with the school policy. I will inform the school immediately, in writing, if there is any change to the dose or frequency of the medicine.

PLEASE NOTE: For long-term medication, you will be asked to complete this form at the start of every academic year. You will need to take all medication home at the end of the school year.

YOUR NAME	
YOUR RELATIONSHIP TO CHILD	
YOUR CONTACT NUMBER	
DATE FORM COMPLETED	
SIGNATURE	

CHRIST CHURCH CoE PRIMARY SCHOOL

SCHOOL RECORD OF MEDICINE ADMINISTRATION

This form is for **ALL MEDICATION** administered in school (including self-administration such as inhalers).

CHILD's NAME	
ILLNESS / CONDITION	
MEDICINE & DOSAGE	

DATE			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF SIGNATURE			

DATE			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF SIGNATURE			

DATE			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF SIGNATURE			

DATE			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF SIGNATURE			