



# Medicine and Medical Conditions Policy 2019-21

**Date Completed:** March 2017

**Amended for Alma Park by:** Denise Samuels

**Ratified:** Spring 2019

**Review:** March 2021

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# Alma Park Primary School

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### Preamble

This policy and procedure should be read in conjunction with Equality Act 2010, SEND Code of Practice, and Supporting Children at school with Medical Conditions-DfE Dec. 2015, on which it is based. The policy meets the requirements of Section 100 of the Children and Families Act 2014.

### Introduction

Alma Park Primary School provides an inclusive educational experience for all of its pupils. To do this we ensure that correct procedures and protocols are in place to enable every pupil, (including those with long-term medical conditions), to be able to attend school and have minimum disruption to their education) so that they can play an active part in school, remain healthy and achieve their academic potential, with full access to education, including school trips and physical education.

### Definition of the term medical conditions used in this context

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled and some may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. **For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.**

### Aims

We believe that all children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well. We work alongside healthcare professionals and other agencies in order to effectively support pupils with medical condition.

- To ensure as little disruption to pupils education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To ensure we maintain links with all relevant outside support agencies
- To ensure safe storage and administration of agreed medication.

### Roles and Responsibilities

**The people with overall responsibility for children with medical conditions are the SENCO and the AHT Inc. (Assistant headteacher for inclusion)**

They are responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff e.g. Epi pen, Diabetes or Asthma training



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- Ensuring that class teachers are aware of the need to communicate necessary information about medical conditions to supply staff and when needed, taking the lead in communicating this information.

### **The Governing Body is responsible for:**

Determining the school's general policy and ensuring that arrangements are in place and where appropriate, reasonable adjustments are made to support children with medical conditions.

The governor who has responsibility for this area is Monika Neill.

### **The Head teacher & Deputy Head teacher are responsible for:**

Overseeing the management and provision of support for children with medical conditions.

Ensuring that school staff are appropriately insured and are aware that they are insured.

Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover.

Considering necessary adjustments that may need to be made to meet the needs of a child who may have incurred an injury which restricts their mobility, eg as a result of a fracture, to enable the child to participate fully in all areas of school life.

### **The AHT Inc. is responsible for:**

- Assisting class teachers with the completion of additional risk assessments for school visits and other activities outside of the normal timetable.
- Developing, monitoring and reviewing Individual Healthcare Plans (IHCPs) as necessary
- Working together with parents, pupils, healthcare professionals and other agencies
- Reviewing the policy and ensuring that it is up-to-date

### **Teachers and Support Staff are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHCPs.
- Working with the AHT Inc. to ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.
- Providing information about medical conditions to staff covering their class where the need for cover is known in advance

NB. All staff in school have a duty to maintain professional standards of care and to ensure that our children are safe. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

### **Parents/ Carers are responsible for:**

#### **Informing the school of their child's medical needs**

Providing any medication in its original container clearly labelled with the following:

- The child's name
- Name of medicine
- Dose and frequency of medication
- Special storage arrangements



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- Date to be used by
- Collecting and disposing of any medicines held in school at the end of each term.
- Ensuring that medicines have not passed their expiry date.
- Ensuring that all attempts are made to enable their child to attend school.

### Pupil information

**Parents/carers are required to give the following information to the school office about their child's long term medical needs with a responsibility to update it at the 'start of each school year';**

- (a) Details of pupil's medical needs
- (b) Medication, including any side effects
- (c) Allergies
- (d) Name of GP/consultants
- (e) Special requirements e.g. dietary needs, pre-activity precautions
- (f) What to do and who to contact in an emergency
- (g) Cultural and religious views regarding medical care

### Procedure when notification is received that a pupil has a medical condition

Staff in the school office will update the child's medical records and inform the AHT Inc. who will liaise with relevant individuals, including parents, the individual pupil (where appropriate), health professionals and other agencies to decide on the support to be provided to the child. Where appropriate, an Individual Healthcare Plan will be drawn up.

*Appendix C outlines the process for developing individual healthcare plans*

Training regarding specific conditions will be delivered to staff as required. This will be in addition to the school's first aid training, which will continue to be under the guidance of the Health and Safety Policy.

### Individual healthcare plans (IHCPs)

An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.

IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

#### **IHCPs will:**

- Be clear and concise
  - Be written in partnership with parents, child, health care professional and key staff
  - Be reviewed annually or when there is a change in the condition of the child
  - Be easily accessible whilst preserving confidentiality
  - Outline educational provision if the student is unable to attend school
  - Contain details of the medical condition, its triggers, signs, symptoms and treatments
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- Provide details of the child's needs, including medication (dose, side-effects, storage) and other treatments, time, facilities, equipment, testing, access requirements, modifications to buildings, furniture or equipment, and environmental issues eg crowded corridors etc.
- Outline the level of support needed, including in emergencies.
- If a child is self managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

A copy will be given to parents/carers, class teachers and a copy will be retained in the medical needs file in the office and the child's individual file information sheet given to all staff will indicate that the child has an IHCP.

### Intimate or Invasive Treatment

This will only take place at the discretion of the Head teacher and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, would be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

### Administering medicines

Medicines should only be taken to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Written consent from parents **must** be received before administering any medicine to a child at school (Appendix D). Medicines will only be accepted for administration if they are:

- Prescribed, in-date & labelled
- Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.

Medicines should be stored safely. Children should know where their medicines are at all times.

Written records will be kept of all medicines administered to children (Appendix E).

Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to access their medicines for self-medication.

Inhalers for children with Asthma are kept in classrooms. In EYFS/KS1, children will be supervised using their inhalers. In KS2, children will assume responsibility for their own inhalers. Epi pens are also kept in classrooms.



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### Action in emergencies

A copy of this information will be displayed around school close to exit doors. If a child is experiencing a medical emergency during the normal school day then a first aider and the school office must be notified immediately (using the red card system if it is at play time). If the emergency occurs during lunchtimes, then the lunchtime organiser will send another adult to inform the office/senior lunchtime organiser. The emergency protocol for Asthma or Anaphylaxis will be followed where appropriate. **The child must not be left alone at any time.** If the first adult in attendance has immediate access to a mobile phone then he/she must call for an ambulance and inform the office that this has been done.

**Request an ambulance** – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The school's telephone number: 0161 224 8789
2. Your name
3. Your location: [Alma Park Primary School, Errwood Rd, Levenshulme, M19 2PF]
4. Provide the exact location of the child within the school
5. Provide the name of the child and a brief description of their symptoms
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
7. Contact the parents to inform them of the situation

A member of staff will stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff will accompany the child in the ambulance. Office staff will give this member of staff a copy of the child's medical information to take with them to hospital.

### Activities beyond the usual curriculum

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate. When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Additional safety measures may need to be taken for outside visits. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of EHCP/IHCP should be taken on trips and visits in the event of information being needed in an emergency.

### Other Support may be accessed from:

- School Nurse
- Medical specialists (when appropriate)
- CAMHS
- Educational Psychology Team
- Children's Services
- Physiotherapists / Occupational therapist



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- Speech & Language service

### Appendices

#### Appendix A

#### What to do in an Asthma attack

It is essential for people who work with children and young people with Asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

##### Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

##### Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

##### Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

**If the child has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.**

#### Common signs/symptoms of an asthma attack are:

- Coughing
- Shortness of breath
- Tightness in the chest
- Sometimes younger children express the feeling of a tight chest as a tummy ache
- Being unusually quiet
- Difficulty speaking in full sentences



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### After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with Asthma in school
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an Asthma attack.

### Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their inhaler and / or spacer. If their inhaler is not available use another in date inhaler.
- ❖ **In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.**
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at Step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- ❖ Generally staff should not take pupils to hospital in their own car





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## Appendix B

### bsaci **ALLERGY ACTION PLAN** RCPCH Anaphylaxis AllergyUK

This child has the following allergies:

[Blank space for listing allergies]

Name:

[Blank space for name]

DOB:

[Blank space for date of birth]

Photo [Blank space for photo]

### ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
  - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose:  mg)
  - 3 Dial 999** for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')
- \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

#### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact

### Emergency contact details:

1) Name: [Blank space]

2) Name: [Blank space]

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: [Blank space]

Print name: [Blank space]

Date: [Blank space]

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

© The British Society for Allergy & Clinical Immunology 6/2016

### How to give EpiPen®

- 1** PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'
- 2** Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'
- 3** PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

### Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: [Blank space]

Hospital/Clinic: [Blank space]

Date: [Blank space]



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### EMERGENCY ANAPHYLAXIS MEDICAL PROTOCOL

<b>EMERGENCY ANAPHYLAXIS MEDICAL PROTOCOL</b>	
<b>Date of Protocol: November 2019</b>	
<b>Information/Event</b>	<b>Action</b>
<p><b><u>Mild to moderate allergic reaction</u></b>            Itching/ tingling of lips, tongue, mouth</p> <p>Swelling of face, lips, eyelids            Red, raised, itchy rash</p> <p>Hives or wheals</p> <p>Vomiting / tummy pain</p> <p><b><u>Anaphylaxis (severe reaction)</u></b></p> <p>Difficulty / noisy breath</p> <p>Wheeze / persistent cough</p> <p>Difficulty talking / hoarse voice</p> <p>Dizziness feeling faint</p>	<p><b><u>Mild to moderate allergic reaction</u></b></p> <p>Encourage xxxx to spit food out</p> <p>Stay with xxxx and send for medication</p> <p>Give antihistamine – Loratadine</p> <p>If xxxx were to vomit – it is safe to give a second dose of antihistamine</p> <p>Give 2-4 puffs of the <b>BLUE INHALER</b> via a spacer of required</p> <p>Observe, allow to resume classroom activities if no further deterioration and xxxx feels ok but avoid exercise  <b>Notify the school office /Julie Bennett immediately. They will notify parents</b></p> <p><b><u>Anaphylaxis (severe reaction)</u></b>  <b>Send another adult to notify the school office /Julie Bennett immediately.</b> They will notify parents.</p> <p>Encourage xxxx to sit or lay down</p> <p>Give prescribed <b>EPIPEN</b></p> <p>Do not allow xxxxx to stand up</p> <p>Call ambulance, stating child is experiencing anaphyaxis (ana-fil-ak-sis)            Give up to 10 puffs of the <b>BLUE INHALER</b></p>



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name:

### 1 My daily asthma medicines

- My preventer inhaler is called  and its colour is
- I take  puff/s of my preventer inhaler in the morning and  puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:
- My reliever inhaler is called  and its colour is . I take  puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is

### 2 When my asthma gets worse

**I'll know my asthma is getting worse if:**

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than

**If my asthma gets worse, I should:**

Keep taking my preventer medicines as normal.

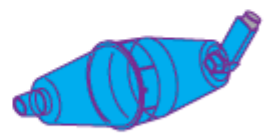
And also take  puff/s of my blue reliever inhaler every four hours.

**If I'm not getting any better doing this** I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

If YES I take:

puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)





# My Asthma Plan

### 3 When I have an asthma attack

**I'm having an asthma attack if:**

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

**When I have an asthma attack, I should:**

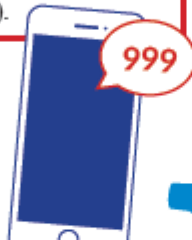
**Sit up** – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

**Even if I start to feel better,** I don't want this to happen again, so I need to see my doctor or asthma nurse today.



**If I still don't feel better and I've taken ten puffs,** I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



### My asthma triggers:

Write down things that make your asthma worse


### I need to see my asthma nurse every six months

Date I got my asthma plan:

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Date of my next asthma review:

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Doctor/asthma nurse contact details:




**Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.**

### Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

### You and your parents can get your questions answered:

Call our friendly expert nurses  
**0300 222 5800**  
 (9am – 5pm; Mon – Fri)

Get information, tips and ideas  
**www.asthma.org.uk**



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### Individual healthcare plan (IHP) for epilepsy

Date: \_\_\_\_\_ Review date: \_\_\_\_\_

#### Child's details

Name	
Group/class/form	
Date of birth	
Address	

#### Family contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	

#### Clinic/hospital contact

Name	
Role	
Phone number	

#### GP

Name	
Phone number	

Who is responsible for providing support at school?	
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Specific support or equipment required (for medical, educational, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips

Other information



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This plan has been agreed by (pupil/parent/carer/doctor/school nurse/epilepsy specialist nurse):

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Details of staff training required

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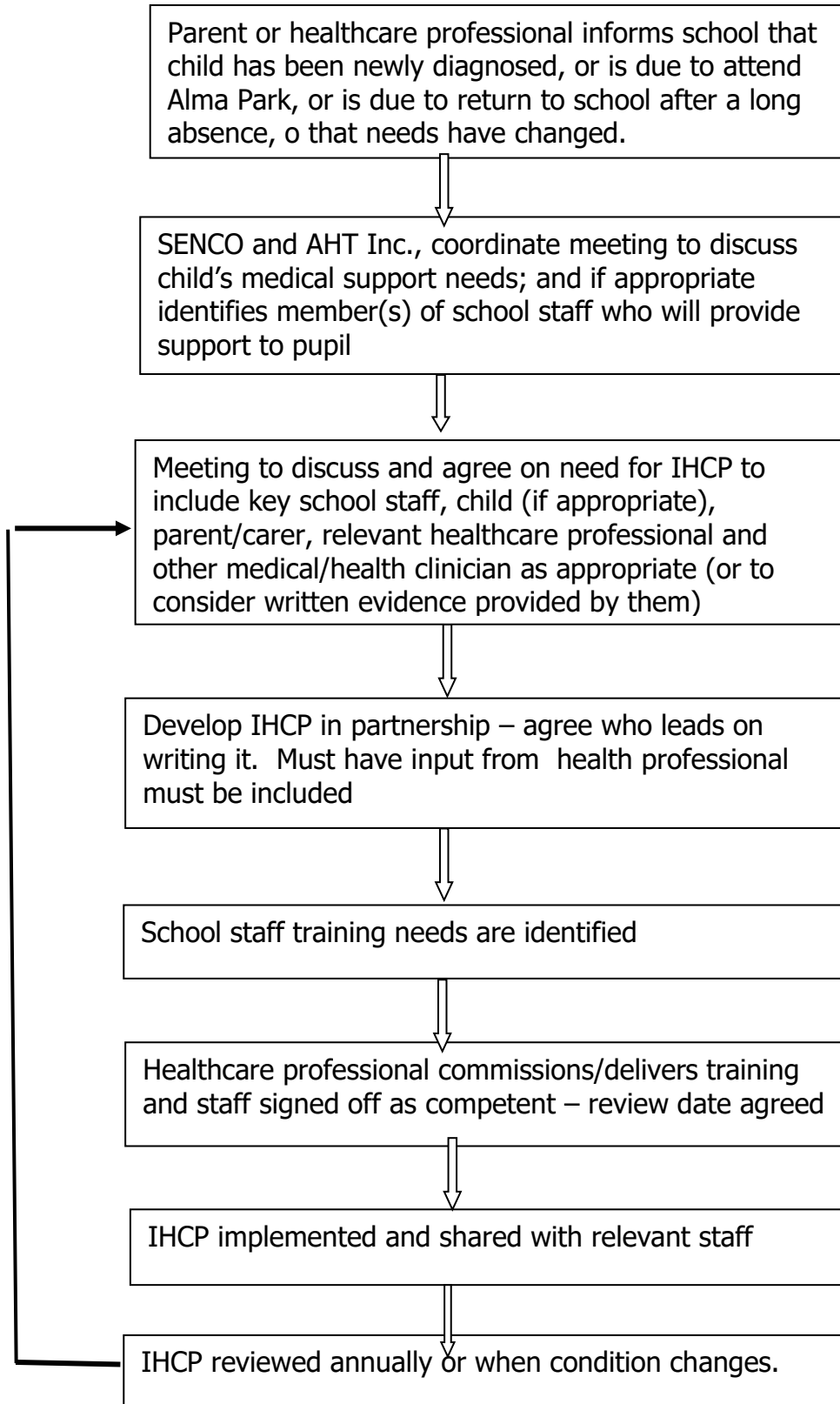


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### Appendix C

#### Process for developing IHCP







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### Alma Park Generic Healthcare Plan Form

Name of School Alma Park Primary School

Child's name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

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

### CONTACT INFORMATION

#### Family contact 1

#### Family contact 2

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

#### Clinic/Hospital contact

#### GP

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_



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Describe medical needs and give details of child's symptoms:

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Daily care requirements: (e.g. before sport/at lunchtime)

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

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Follow up care:

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Who is responsible in an Emergency: (State if different for off-site activities)

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Form copied to:

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### Appendix D Parental agreement for school to administer medicine

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

Name of School ALMA PARK PRIMARY SCHOOL

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class \_\_\_\_\_

Medical condition/illness \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given, number of tablets/quantity to be given to school) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

#### Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]:* \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/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.

Parent/Carer's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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



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### Headteacher's Agreement

It is agreed that \_\_\_\_\_ *[name of child]* will receive \_\_\_\_\_  
*[quantity and name of medicine]* every day at \_\_\_\_\_ *[time medicine to be*  
*administered e.g. Lunchtime or afternoon break].*

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date of course of medicine or*  
*until instructed by parents].*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*(Head teacher)*



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### Appendix E

#### Record of medicine administered to individual child

Child's full name:..... Class: .....

Date	
Name of medicine	
Time given	
Dose given	
Name of adult	
Signature of adult	
Additional information <i>(optional)</i>	