Supporting Pupils with Medical Conditions Policy

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1. AIMS

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. LEGISLATION AND STATUTORY RESPONSIBILITIES

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

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

3. ROLES AND RESPONSIBLITIIES

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations. Day to day decisions about administering medication will normally fall to a named member of trained staff
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Important: *staff may only administer medication if they have received the appropriate training.*

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. EQUAL OPPORTUNITIES – school trips, visits and sporting events and activities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. An epipen will be taken on each school/trip visit.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils, they will speak to the headteacher immediately.

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and /or be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. INDIVIDUAL HEALTH CARE PLANS

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Where a pupil is returning to school following a period of hospital education or alternative provision, school will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

What to include in an Individual Health Care Plan

The format of Individual Health Care Plans may vary for the specific needs of each pupil. However, the following information should be considered:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, managing the condition, medication and other treatments
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and support required, and is there consent to inform others?
- Arrangements for written permission from parents and the Head Teacher for medication to be administered and the signed consent form is to be attached to the Healthcare Plan
- Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone

number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, pediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be in involved in that process.

- Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

An Individual Healthcare should:

- Give correct factual information
- Give information that enables staff to correctly interpret changes within the child's condition and action required
- Be kept where it can be easily accessible and taken with the child on educational visits etc.
- Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs
- The care plan should be broken down into four distinct sections –
  1. Identification Details
     - Name of child
     - Date of birth
     - Address
     - School/setting id (class, year etc.)
  2. Medical Details
     - Medical condition
     - Treatment regime
     - Medication prescribed or otherwise
     - Side effects
     - Action to be taken in event of emergency or crisis
  3. Contact Details
     - Parents/carers
     - Alternate family contact (persons nominated by parents/carers
     - Doctor/Pediatrician/Pharmacy
     - Any other relevant Health Professional
  4. Facilities Required
     - Equipment and accommodation
     - Staff training/management/administration
     - Consent
     - Review and update

7. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- Staff will follow the school's normal emergency procedures (for example, calling 999). For more serious medical conditions, the IHPs will clearly set out what constitutes an emergency and will explain what to do.

- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

- Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is **not** locked away and is accessible to all staff.

- It is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.
- All pupils will have individual health-care plans drawn up by parents and school, which must be adhered to.
- Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols in the file in the Main Office for reference.
- As with other medicine, a record should be kept each time the inhaler is used and parents informed.

When children are involved in out of school activities, we will administer prescribed Calpol if required. Permission will be granted by parents/carers before this takes place by completing the HASLOC3 form. **The nominated member of staff will complete the AM3 form, if medication is administered.**

Medical reviews are carried out at the beginning of each academic year. Parents are asked to confirm medical conditions and whether medication is required in school. Individual Health Care Plans and any Risk Assessments are updated and reviewed at this time also but can also be updated at any time during the year.

8. MANAGING MEDICINES

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. **Authorisation will always be gained from parents/carers prior to the administration of medicines and the times will be detailed by the parent/carer.**

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the contents i.e. name and type of medicine
- Labelled with the child's name
- Provided in the original container / packaging, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident as dispensed by the pharmacist, and include instructions for administration, dosage and storage. (Labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist).

- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- Medicines must be provided together with a clean medicine spoon, or measuring cup/syringe.
- Medicines must never be ground-up, split open or chewed.
- If a medication states 'as directed', 'as required' or 'no more than 4 times a day' etc., it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.
- All medicines will be stored safely (in a fridge if required). Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

Paracetamol

- If a child suffers from a minor medical ailment in school, we are able to administer pain relief (paracetamol) if we have written permission from parents to do so. School will keep paracetamol / calpol oral suspension within school and designated trained staff will administer to pupils, with parental consent, as required.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

8.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally **not** acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment

- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil. Where possible, staff will volunteer to support with this. However, there are some invasive or complex medical conditions that school staff may not be trained to deal with and may feel unable to volunteer for. If a qualified medical practitioner is not available to provide this support, e.g. School Nurse, then support from a parent or nominated family member or friend will be requested for these procedures
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8.4 If a parent wishes a child to take a prescribed medicine during school time they should:

- Arrange with the Head Teacher to come into school to administer the medicine themselves if they so wish,

or

- Complete a school medicine form **Form AM1**, giving permission for the Head Teacher or his / her nominee to administer the medicine. *This form will suffice if short-term medicines need to be administered. If long-term medicines need to be administered,* ***Form AM3*** *will need to be completed by nominated staff.*
- The Head Teacher will sign **Form AM1** to confirm that medication can be administered by the nominated member of staff.
- Deliver the medicine together with the form to the school office where it will be kept securely. It also needs collecting by the adult and not the child. **Children must not carry medication to and from school under any circumstance.**
- Permission should never be taken over the telephone or after medication has been given.
- The Head Teacher has made the decision that here at Caedmon Primary School we will allow parents/carers to administer none prescribed medicines to their own children.

9. TRAINING

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This policy will be read by new staff during their induction.

10. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Clear records of medication brought into and administered in the school for individual children who take regular continuous medication are maintained. The school will keep a daily record of all medicines administered by them continually **(Form AM3).** This is kept in the main office. Only one child at a time should be in the room for medication.

NB:

- If a child **refuses** to take the prescribed medication, school staff will **not** force them to do so. In this event staff will follow the procedure agreed in the individual healthcare plan and parents will be contacted immediately. If necessary, the school will call emergency services.
- If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
- Topical lotions and creams e.g. emollients and sunscreen may be brought into school for application by the child with the permission of the Head Teacher, and consent of parent by completing the school medical form **(Form AM1).**
- Cough sweets / throat lozenges etc. are **not** medicines and are not allowed in school.
- **Any** misuse of medication should **always** be reported to the police i.e. if a child brings in and gives out Grandma's medication.
- A any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken will be reported to the local authority within **one week**.

11. STORING MEDICINES

MEDICINES TO BE STORED IN A LOCKED CUPBOARD OR THE LOCKED FRIDGERATOR – LOCATED IN THE SCHOOL OFFICE AREA

- Short term – e.g. antibiotics / hay fever relief (only to be held in school if child needs 4 doses a day)
- Long term – e.g. ADHD medication, inhaler
- Emergency – e.g. Piriton, other anti-histamines
- Staff medication must be stored in the staff member's own locker, or for office staff – in their own office
- Other non-emergency medicines should be kept in a secure cabinet in the office or in a locked fridge where they are not accessible to children. The keys for which will be held by the designated person who has the certificate to administer medication. A spare set of keys will be held in the main office.
- A few medicines need to be refrigerated. They can be kept in a locked refrigerator containing no food etc because of cross-contamination.
- Ritalin will be stored in a separate container, locked in the secure cabinet.
- In the event of educational visits, medicines should be stored in a lockable bag or box and kept under the supervision of an adult. Where possible, only the necessary dosage required will be taken on an educational visit. Parents will be asked to completed a permission slip to allow an 'authorised person' to administer medicine.

PROCEDURE

- The Head Teacher is responsible for making sure that medicines are stored safely.
- Large volumes of medicines should not be stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored strictly **in accordance with product instructions,** (paying particular note to temperature) and in the original container in which dispensed.
- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are **only** accepted in the **original** container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- Where a child needs two or more prescribed medicines, each should be in a separate container, and a separate set of forms completed for each one **(Form AM1).**
- Non-healthcare staff should **never** transfer medicines from their original containers.
- Children should know where their own medicines are stored, and who holds the key.

EMERGENCY MEDICINES e.g. INHALERS, ADRENALINE PENS

All **emergency medicines**, such as asthma inhalers and adrenaline pens, should be readily available to children and should **not** be locked away. Each classroom will have an accessible, clearly labeled storage bag in which to store inhalers. This bag is taken onto the playground by an adult during break times and during PE. Epi-pens are kept in the teacher's cupboard and the staff and the pupil will know where it is kept and be able to access it if needed.

CHILDREN WITH ASTHMA

Children with asthma need to have immediate access to their reliever inhalers when they need them. Please read the Asthma Policy for more detail. The Asthma Policy should be read in conjunction with this policy.

- Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- Inhalers should **always** be readily available during physical education, sports activities and educational visits.
- For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.
- All pupils with an inhaler will have a risk assessment drawn up by the school (not an Individual Health Care Plan) in conjunction with parents and supported by the Health Service, which must be adhered to.
- Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols kept in the file in the Main Office for reference.
- For pupils with diagnosed asthma, a record of inhaler use is kept – these sheets are kept in the medical bag in each classroom.
- For pupils who have an inhaler, but are not yet diagnosed with asthma, the parent will be asked to complete the **AM1** form. Inhaler use is monitored and any extra use or requirements are reported to the parent: a record should be kept each time the inhaler is used and parents informed using form **AM3**.
- A list of children with Asthma will be kept in the office with the expiry date of the inhaler.
- If a pupil no longer requires an inhaler, parents must write a letter to the school confirming this.
- The school has taken the decision to hold asthma inhalers for emergency use. Consent will always be sought with parents.

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

12. LIABILITIY AND INDEMNITY

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are available from our School Business Manager - see below:

The insurer will indemnify the insured in respect of all sums which the insured may become legally liable to pay as damages in respect of:

a) accidental injury to any person other than an Employee

b) accidental damage to property

c) the provision of first aid treatment by an Employee to any person.

13. COMPLAINTS

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. MONITORING

This policy will be reviewed and approved by the governing board every year.

15. LINKS TO OTHER POLICIES

This policy links to the following policies:

Accessibility plan

Complaints

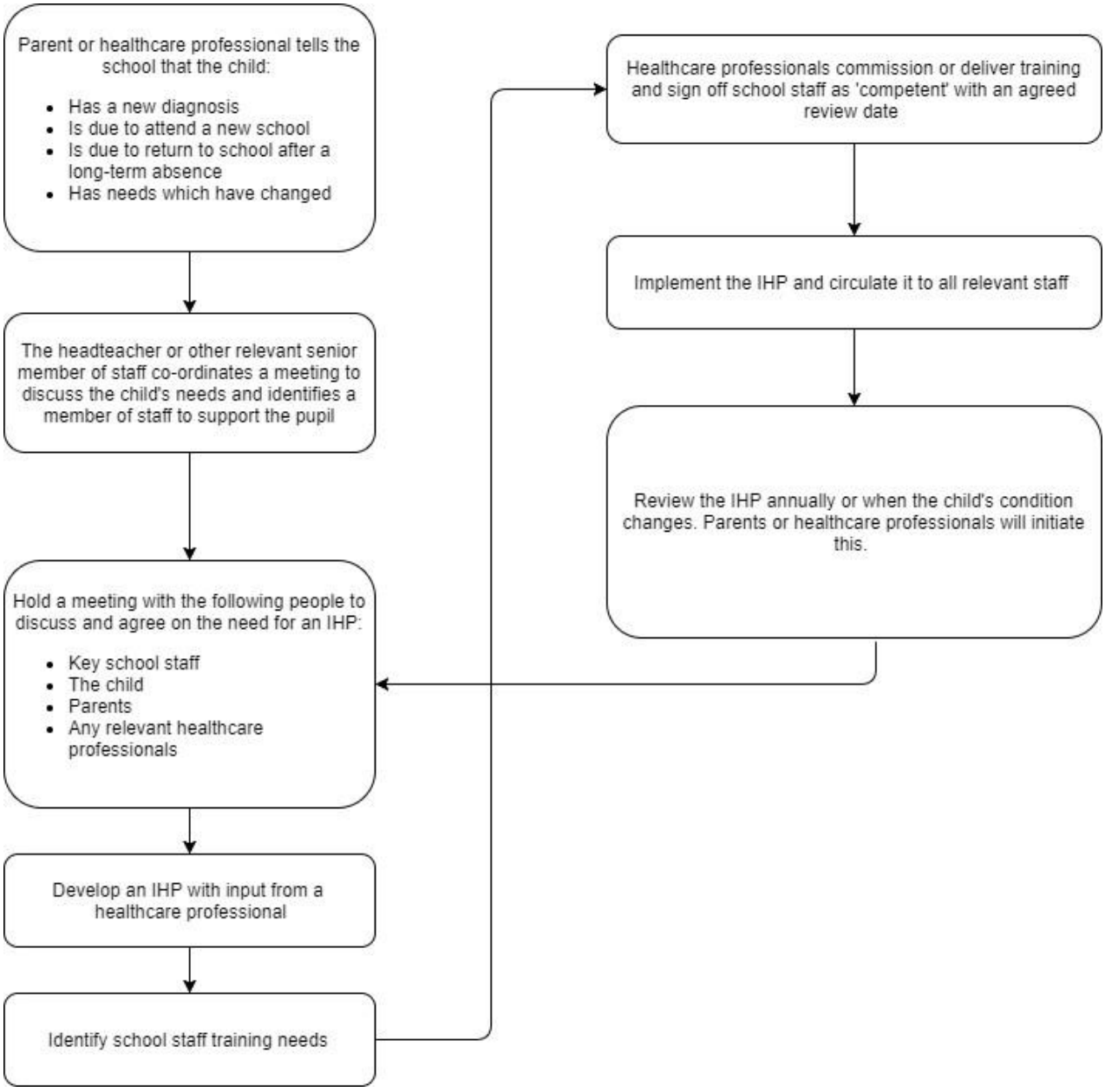
Equality information and objectives

Health and safety

Safeguarding

Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2:

FORM AM1 - REQUEST FOR School TO ADMINISTER MEDICATION

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that School staff can administer the medication.

PUPIL DETAILS			
Surname:		First name(s):	
Address:			
Male / Female:		Date of birth:	
Condition / Illness:			
MEDICATION			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
Full directions for use:			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
Supervised self administration permissible:	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			

NB If your child refuses to take the prescribed medication, School staff will not force them to do so. In this event you will be contacted immediately. If necessary School will call emergency services.

CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	

I understand that I must deliver the medicine to the agreed member of staff in its *original container / packaging*, together with a clean medicine spoon or measuring cup and be clearly labelled with:

- **Contents i.e. name and type of medicine**
- **Child's name**
- **Date**
- **Dosage**
- **Prescribing doctor's name**

I accept that this is a service which the school is not obliged to undertake.

Signature:		Date:	
Head Teacher's signature:		Date:	

Appendix 3:

FORM AM3 – RECORD OF MEDICATION GIVEN TO PUPILS

This form should be completed, signed and dated ***daily*** by members of staff who have responsibility for administering medication to specific pupils as agreed between home and the School. If the child is absent or does not receive his medication then record 'Did not attend' or 'DNA'. Mistakes should not be crossed out, altered or tippexed etc. The error should be identified with an asterisk (or two asterisks if it is not the first error on the page). Then on the next line write 'ENTERED IN ERROR. SHOULD READ…'

Child's Name: _____ **Date of Birth:** _____

Address: _____

Date	Name of person who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by	Comments/ Action Side effects

Appendix 4

Record of Inhaler Administered to an Individual Child

This form should be completed, signed and dated daily when medication has been administered.

Name of child	
Date medicine provided by parent	
Year group	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Appendix 5 - Parental Consent for School to Administer Paracetamol

If your child suffers from a minor medical ailment in school, we are able to administer pain relief (paracetamol) if we have written permission from parents to do so. One dose of paracetamol (oral suspension) medicine will be administered by a member of staff who has been trained to administer medication. Parents will be contacted by phone before paracetamol is administered to inform you and ensure the correct dosage.

Paracetamol is only to be administered in the short term, and school will not administer paracetamol for more than 3 consecutive days.

School keeps a supply of paracetamol oral suspension medicine as detailed with dosage amounts below:

- **120mg/5ml oral suspension for children aged 2+ months**
- 2-4 years: One 5ml spoonful and one 2.5ml spoonful.
- 4-6 years: Two 5ml spoonfuls.
- **250mg/5ml oral suspension for children aged 6+ years**
- 6-8 years: One 5ml spoonful.
- 8-10 years: One 5ml spoonful and one 2.5ml spoonful.
- 10-12 years: Two 5ml spoonfuls.

Pupils will be given the dosage according to their age following the instructions on the paracetamol packaging.

If you would like us to administer paracetamol to your child when needed, please complete the consent form below and return to school. **If we do not receive a signed and completed form, no paracetamol will be administered during a school day.**

Child's Name	
Date of Birth	
Name of Medicine	**Paracetamol Oral Suspension**
Dosage and Method	**Children will be given the dosage based on their age following guidance on the packaging.**
Any other instructions	

I confirm that I have administered paracetamol without adverse effect to my child in the past.

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 immediately, in writing, if there are any changes to the above consent form.

Parent/Carer Name:_____

Date:_____

If you wish to withdraw consent at any time, please email the school office
enquiries@caedmon.steelriver.org.uk

Appendix 6:

FORM AM6 – RECORD OF PARACETAMOL GIVEN TO PUPILS

This form should be completed, signed and dated by members of staff who have responsibility for administering medication to pupils as agreed between home and the school.

Child's Name: _____ **Date of Birth:** _____

Address: _____

Date ParentMail Consent Received: _____

Register of Paracetamol Administered

Date Given	Medication - Paracetamol	Amount given	Time	Administered by	Comments/ Side Effects	Parent Informed