Horizons Specialist Academy Trust
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Horizons Specialist Academy Trust

Policy for supporting pupils and students at school with medical conditions

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Responsible Officer: Vice Principal, Abbey Hill Academy

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Introduction – policy statement of intent

The Children and Families Act 2014 (updated August 2017) places a duty on schools to make arrangements for children with medical conditions. Horizons Specialist Academy Trust has adapted the DfE Supporting Pupils at School with Medical Conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014 (updated August 2017). The guidance that follows is taken either directly from this document or amended following consultation.

On the 1st September 2014 a new duty came into force which means that the Trustees of Horizons Specialist Academy Trust have to make arrangements to support pupils and students at school with medical conditions. The aim of this policy is to ensure that all children and young people with medical conditions, in terms of both physical and mental health, are properly supported while at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents and carers of children and young people with medical conditions are often concerned that their child or young person's health will deteriorate when they attend school. This is because pupils and students with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children and young people's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is important that parents and carers feel confident that Horizons Specialist Academy Trust (HSAT) will provide effective support for their child or young person's medical condition.

Key points

- Pupils and students who attend an HSAT Academy with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- Trustees must ensure that arrangements are in place to support pupils and students with medical conditions.
- Trustees will ensure that the Principals or those with delegated responsibility consult health and social care professionals, pupils and students' parents or carers and young people to ensure that the needs of children and young people with medical conditions are effectively supported.
- Trustees will ensure that the policy is implemented effectively, including a named person who has overall responsibility for policy implementation.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989

- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Admissions Policy

Equality Impact Statement

Horizons Specialist Academy Trust is fully committed to ensuring that this policy and its implementation comply with the Equality Act 2010 and the Public Sector Equality Duty. The Trust recognises its duty to eliminate discrimination, advance equality of opportunity, and foster good relations among all pupils, students, parents, carers, and staff. All actions taken under this policy will take account of individual needs and promote inclusion, accessibility, and dignity for all.

Roles and responsibilities of those involved in supporting a pupil or student with a medical condition

The Trustees – must make arrangements to support pupils and students with medical conditions across the trust, including making sure that a policy for supporting pupils and students with medical conditions is developed and implemented. They will ensure that pupils and students with medical conditions are supported to enable the fullest participation possible in all aspects of academy life. The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils and students with medical conditions. They will also ensure that any members of academy staff who provide support to pupils and students with medical conditions are able to access information and other teaching support materials as needed.

The Chief Executive and Principals – must ensure that a policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils and students with medical conditions and understand their role in its implementation. The Chief Executive and Principals will ensure that all staff that need to know are aware of a pupil or student's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Chief Executive and Principals have overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils and students in this way. They will contact the 0-19 children's service in the case of any pupil or student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the service.

Academy staff – any member of academy staff may be asked to provide support to pupils and students with medical conditions. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils and students with medical conditions that they teach. Academy staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support pupils and students with medical conditions. Any member of academy staff will know what to do and respond accordingly when they become aware that a pupil or student with a medical condition needs help.

5-19 services and the community nursing team – every academy has access to a team of SEND nurses via SPOC (Tel:0333 320 2302). Parents and carers are responsible for notifying the academy when their child or young person has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child or young person starts at the academy. SEND nurses can provide advice and support to develop a child or young person's individual healthcare plan and provide advice and liaison for example on training. SEND nurses can liaise with lead clinicians locally on appropriate support for the child or young person and associated staff training needs. Community nursing teams will also be a valuable resource for a school seeking advice and support in relation to children and young people with a medical condition.

Other healthcare professionals (including GPs and paediatricians) – should notify the 5-19 services when a child or young person has been identified as having a medical condition that will require support at school. They may provide advice on developing individual

healthcare plans. Specialist local health teams may be able to provide support in schools for children and young people with particular conditions (e.g. asthma, diabetes, epilepsy). Parents and carers will need to provide consent for the 5-19 service to share medical information about their child with school.

Pupils and students – with medical conditions can often provide information about how their condition affects them. They will be fully involved in discussions, if they are able to do so, about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils and students will often be sensitive to the needs of those with medical conditions.

Parents and carers – should provide the academy with sufficient and up-to-date information about their child or young person's medical needs. They will, in most cases be the first to notify the academy that their child or young person has a medical condition. Parents and carers are key partners and should be involved in the development and review of their child or young person's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – Part 3 of the Children and Families Act 2014, requires local authorities to make arrangements to promote cooperation between the authority, each of the authority's relevant partners, and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area, as the authority considers appropriate – with a view to improving the wellbeing of children and young people with regard to their physical and mental health, and their education, health and care provision for children and young people with SEN or disabilities. Local authorities should provide support, advice and guidance, including suitable training for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils and students with medical conditions to attend full-time. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

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

Integrated Care Boards (ICB) – aim to bring organisations together to combine their collective resources and expertise to plan, deliver and join up health and care so communities can live happier and healthier lives. The North East and North Cumbria Integrated Care Board is a non-statutory NHS organisation which formed on the 1st July 2022 and took over the responsibilities of eight clinical commissioning groups (CCGs) in our region. The ICB is responsible for meeting the health needs of the population, managing the NHS budget and arranging provision of health services. The ICBs place-based teams also work alongside our regions 64 primary care networks which are groups of local GP practices, social care teams and other community-based care providers. Working in partnership the ICB seeks to address challenges and opportunities highlighted in the Special

Educational Needs and Disabilities (SEND) inspections across local authorities and the NHS.

In fulfilling these responsibilities, all staff and Trustees must have due regard to the Trust's obligations under the Equality Act 2010. They must ensure that no pupil or student is treated less favourably because of disability, gender, race, religion or belief, sexual orientation, gender reassignment, or any other protected characteristic. The implementation of this policy must reflect fairness, respect and inclusive practice across all academies.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Procedure to be followed when notification is received that a pupil or student has a medical condition

Upon admission to an HSAT Academy the parent/carer or social worker as appropriate will be asked to sign a declaration in the admissions pack with regard to their child/young person's medical condition(s).

If a pupil/ student has a medical condition that requires staff support, a meeting can be arranged with school staff as appropriate. A healthcare plan may be required and this will be completed by the parent/carer.

Appendix 1

Staff training and support

Any member of staff providing support to a pupil or student with medical needs will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members. The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Appendix 2 outlines the training programme for administering medication that is available to staff and shows how the recording of training is monitored.

The pupil or student's role in managing their own medical needs

A number of pupils and students who attend an HSAT academy are able to manage their own health needs and medicine.

Appendix 3 outlines the arrangements for this.

Managing medicines on school premises

Written consent is required from parents and carers to support and/or administer medication for students in school.

Appendix 4 is provided to parents and carers at the start of each academic year and on request. ***Appendix 5*** provides a specific Asthma consent form.

Record keeping

A written record of all medicines administered to pupils and students must be kept and parents and carers must be informed when their child or young person has been unwell. See ***appendix 6***.

Emergency procedures

From time to time emergencies do happen and it is important that all staff know what to do in such situations. As part of HSAT's general risk management processes, we have arrangements in place for dealing with emergencies for all academy activities wherever they take place, including on school trips within and outside the UK. Where a pupil or student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils and students in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil or student needs to be taken to hospital, staff will stay with them until the parent or carer arrives and accompany them if taken to hospital by ambulance. It is important that all staff are aware of the local emergency service cover.

HSAT academies hold asthma inhalers and adrenaline auto-injectors for emergency use. Emergency Inhaler / adrenaline auto-injectors kits will be kept in each reception area for use in case the pupil or student's own reliever/ auto-injector is lost, expired or for some other reason unusable. These kits will include a list of students who have been prescribed them and have parental permission to use them. They will also include directions for use, a checklist for expiry dates and an administration record. If a pupil or student needs to use the emergency kit, then parents/carers will be informed.

HSAT has defibrillators located at all academies and staff appointed as first aiders have received training in their use. The local NHS ambulance service has been made aware of their location.

Day trips, residential visits and sporting activities

Staff are aware of how a pupil or student's medical condition will impact on their participation, but there will be enough flexibility for all pupils and students to participate according to their own abilities and with any reasonable adjustments.

Academies make arrangements for the inclusion of pupils and students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Academies consider what reasonable adjustments they might make to enable pupils and students with medical needs to participate fully and safely on visits. Academies carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils and students with medical conditions are included. This will require consultation with parents, carers, pupils or students and advice from the relevant healthcare professional to ensure that pupils and students can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

When planning visits or sporting activities, staff must also consider the specific accessibility and inclusion requirements of pupils and students with medical conditions. This includes providing reasonable adjustments and accessible transport or accommodation where required to enable full participation. Consultation should take place with parents, carers, pupils or students, and relevant professionals to ensure inclusive and dignified arrangements.

Unacceptable practice

HSAT is explicit about what practice is not acceptable. It is not general practice to:

- prevent children and young people from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil or student with the same condition requires the same treatment;
- ignore the views of the pupil or student or their parents or carers; or ignore medical evidence or opinion;
- send pupils or students with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
- if a pupil or student becomes ill, send them to the reception office or medical room unaccompanied or with someone unsuitable;
- penalise pupils or students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils or students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents or carers, or otherwise make them feel obliged, to come into an academy to administer medication or provide medical support to their child or young person, including with toileting issues. No parent or carers should have to give up working because HSAT is failing to support their child or young person's medical needs;
- prevent pupils or students from participating, or create unnecessary barriers to them participating in any aspect of academy life, including trips, e.g. by requiring parents or carers to accompany them.

It is also unacceptable to make assumptions about a pupil or student's ability, behaviour, or participation based on a protected characteristic. All decisions and practices under this policy must be equitable, inclusive, and informed by the principles of equality, fairness, and respect for diversity. This ensures compliance with both statutory duties and the Trust's core values of inclusion and dignity.

Liability and indemnity

HSAT has the appropriate level of insurance in place that appropriately reflects the level of risk that staff will encounter in their day to day working when supporting pupils or students with medical conditions.

Only those staff trained to administer medication or other medical procedures should do so.

The insurance policy is available to all staff who wish to have sight of it and is held by the Head of Finance.

Complaints

If parents or carers, or pupils or students are dissatisfied with the support provided they should first discuss it with the Principal. If they feel the issue has not been resolved they can discuss it with the Chief Executive. If the issue remains unresolved following this then they may make a formal complaint via the HSAT complaints procedure.

Where a concern relates to discrimination or inequality in the application of this policy, it will be addressed in accordance with the Trust's Equality and Diversity Policy and reported to the Board of Trustees where appropriate. This ensures accountability, transparency, and compliance with the Equality Act 2010 and associated statutory guidance.

Managing Medication in School Guidance

EXPECTATIONS:

We do not expect parents, carers or the social worker to ask staff to administer medication unless it is absolutely essential that this takes place during school hours.

Where parents, carers or the social worker have asked the school to administer the medication for their child or young person we expect them to provide the medication in the original box supplied by the pharmacist with a clear prescription label.

Staff will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

We will liaise with the 0-19 school health service for advice and information about a pupil or student's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil or student.

PRACTICE:

When a parent, carer or the social worker requests that we administer medication in school we will:

- Ask the school's identified person to consider whether or not they are prepared to administer the medication.
- Discuss with the Principals and obtain their consent for the administration of the medication required.
- If all are still in agreement the identified person will work with the parents/carers to set up a care plan detailing type of medication, dosage required and the frequency to be given.
- Short term medications such as antibiotics will not trigger the need for a care plan.
- Consent form to administer medication to be completed by parents/carers. **Medication will not be administered without full completion of this form.**
- Arrangements will be agreed and organised to transport medication to and from school with a suitable adult.
- Medications will be signed in by an appropriately trained and agreed member of staff who will carry out all necessary checks. Any discrepancies will be dealt with by a trained member of the SLT.

- Medications will be stored and locked away in a fixed medical cupboard. Keys to be stored in a secure place, accessible for any staff administrating emergency medication.
- The persons giving out medication are required to check all details, name, dosage, frequency and expiry of medication and will sign and complete relevant recording sheets. This process is to be carried out for all medication given.
- When medication is being administered only one young person at a time will be allowed in the medical room.
- Medication to be taken home at week-ends will be checked, countersigned and recorded by staff before being packed and given to bus escorts/taxi drivers.
- At the end of the summer term, we will ensure that any left-over medication is handed back to the parent/ carer by the identified person.
- If not collected it will be destroyed using approved methods and this will be recorded in the medical register.
- Any completed medical records shall be kept in the school archives so that any future queries can be resolved.
- It is good practice to allow pupils and students who can be trusted to do so, to manage the administration of their own medication. This will apply to the use of asthma inhalers. Inhalers must be readily available for those pupils and students who are prescribed them.
- Medication taken out on school visits must be signed in and out. It must always be kept in a secure bag and held by a member of staff. A risk assessment must be completed when planning any visits.
- A pupil or student refusing medication will not be forced to take it. Parents/carers must be informed if a dose is missed/refused. Staff to be aware of effects on a pupil or student if medication is refused.

In the unlikely event of a pupil or student receiving wrong medication or dosage, contact will be made to the local Accident and Emergency Department immediately for advice. Students need to be fully supervised whilst advice is being sought and should not be sent home until a senior member of the Academy has been advised by a medical practitioner as to what actions are required.

NON PRESCRIPTION MEDICATION WILL NOT NORMALLY BE GIVEN TO PUPILS OR STUDENTS DURING THE DAY SCHOOL.

Whilst every effort must be made to obtain a prescription, there may be situations that arise in our academies where non-prescribed medication, such as paracetamol, may need to be administered during the school day. This can be done as long as the medication is provided in the original packaging and written records are kept in line with this policy. The academy should obtain written confirmation from the parent/carer that the pupil or student has used this medication before and did not suffer any allergic or other adverse reaction. This will only ever be applicable for short term use as recommended on the medication label or as advised by the NHS.

A PUPIL OR STUDENT UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN OR MEDICINES CONTAINING IBUPROFEN UNLESS PRESCRIBED BY A DOCTOR.

CONTROLLED DRUGS:

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children or young people, e.g. methylphenidate.

Any member of identified staff may administer a controlled drug to the pupil or student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

ADMINISTRATION OF MEDICATION DESIGNATED PERSONNEL ONLY

- TWO STAFF REQUIRED TO ADMINISTER AND SIGN FOR ALL MEDICATION UNLESS AGREED AND RISK ASSESSED SEPARATELY.
- MEDICATION TO BE ADMINISTERED IN THE MEDICAL ROOM OR A LOCATION THAT HAS BEEN AGREED AND RISK ASSESSED.
- ONLY ONE PUPIL OR STUDENT AT A TIME IN THE MEDICAL ROOM.
- CHECK PUPIL OR STUDENT'S NAME AND THE EXPIRY DATE ON DRUGS REGISTER AND BOX
- CHECK DOSAGE REQUIRED ON MEDICATION SHEET AND BOX.
- CHECK FREQUENCY AND TIME ON DRUGS REGISTER AND BOX
- ADMINISTER MEDICATION TO PUPIL OR STUDENT OBSERVING AT ALL TIMES THAT IT IS TAKEN / USED CORRECTLY AND SAFELY.
- SIGN, AND COUNTERSIGN, WHEN YOU ARE SURE THE PRESCRIBED MEDICATION HAS BEEN TAKEN BY THE PUPIL OR STUDENT.
- STAFF TO TAKE ACTION IN AN EMERGENCY AS OUTLINED ON THE PARENTAL AGREEMENT FORM.
- IF A PUPIL OR STUDENT HAS AN UNEXPECTED REACTION OR SIDE EFFECT TO THE MEDICATION GIVEN E.G. DROWSINESS, THEY MUST INFORM THE STAFF THAT THE PUPIL OR STUDENT IS GOING TO BE WITH, RISK ASSESS THE SITUATION IF FOR EXAMPLE THE PUPIL OR STUDENT IS GOING TO BE USING EQUIPMENT AND MONITOR THE SITUATION. IF A MORE SERIOUS REACTION OCCURS STAFF MUST FOLLOW APPROPRIATE EMERGENCY PROCEDURES AND SEEK IMMEDIATE MEDICAL ADVICE

Individual healthcare plans can help to ensure that HSAT effectively support pupils and students with medical conditions. They provide clarity about what needs to be done, and by whom.

They will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are complex and long term.

However, not all pupils or students will require an individual health care plan. The Trust, a healthcare professional and parent or carer should agree, based on evidence, when a healthcare plan would be appropriate.

Individual healthcare plans and their review may be initiated in consultation with parents or carers, by a member of staff or a health care professional involved in providing care to the child or young person. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Trust.

Appendix 1

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Health care plan

Name of student	
Date of birth	
Address	
Contact number	
In case of emergency contact	
Name	
Contact number	
Relationship to student	
Medical Condition	
Maintenance *(regular medication / treatments)*	
Emergency presentation *(describe exactly what happens)*	
Emergency response	

Parent / Carer

Signature : _____ Date : _____

Print name : _____

Principal / Medical support lead

Signature : _____ Date : _____

Print name : _____

Appendix 2

Staff training to administer medication

All staff who have responsibility for the administration of medication and supporting pupils and students with medical conditions receive appropriate and timely training.

It is expected that all staff with this responsibility will undertake level 3 training which is outlined below.

CU2624 Administer Medication to Individuals and Monitor the Effects

Aims: the unit is for those who prepare for, administer and monitor the effects of medication on individuals. The unit applies to all medication used for and by individuals, both prescribed and non- prescribed.

The unit is directly related to the Skills for Health/DANOS national occupational standard: AH2 Provide for, and administer medication to individuals and monitor the effects. This also appears in Health and Social Care Standards as HSC375.

Credit: 5

Level: 3

All training is recorded by the training coordinator and academies will have lists of those staff able to administer medication.

Appendix 3

Pupils and students managing their own medical needs

HSAT guidance states that pupils and students should not be responsible for carrying or administering their own medication, except in the treatment of asthma or anaphylaxis.

Staff will be responsible for the administration of an auto injector for anaphylaxis as students, at this stage, will not be well enough to self-administer.

Asthma is a common condition, but its severity varies considerably. Pupils and students can be well for long periods of time and then have sudden acute and at times severe relapses (Asthma U.K.)

Every pupil and student with asthma should have a reliever inhaler (usually blue) which is essential in the treatment of asthma attacks. Pupils and students need to have easy access to these at all times.

Some of our pupils and students will need staff to look after their inhalers and support them to use them. However, as soon as staff and parents are happy that the pupil or student is mature enough, they will be encouraged to carry and use their inhaler independently.

This maturity will be dependent on a number of factors, including:

- Their ability to safely look after their own medication
- Their understanding of when they need their medication
- Their ability to safely and effectively take their own medication

The pupil or student's parents/carers, doctor or asthma nurse and teacher will decide when they are able to take on this responsibility and parents/carers will be asked to sign a form confirming their ability to meet their own medical needs and give permission for them to use an emergency inhaler if their own is unavailable.

Inhalers must be clearly labelled with the pupil or student's name and full prescription if possible. They should be kept in a safe place on their person or in their school bag.

All inhalers should be checked for expiry dates every 6 months. For pupils and students carrying their own inhalers this is the responsibility of the parents/carers.

N.B. Staff will always assist pupils and students who request help and those who seem to be in distress.

Emergency Inhaler / auto injector Kit

An Emergency Inhaler kit and auto injector kit will be kept in each reception area for use in case the pupil or student's own medication is lost, expired or for some other reason unusable.

These kits will include a list of pupils and students with permission to use them.

If a pupil or student needs to use the emergency kit or they need to use their own inhaler more than is usual for them then parents/carers will be informed.

Appendix 4

Parental agreement for school / setting to administer medicine

The school / setting will not give your child medicine unless you complete and sign this form **in full** and the school or setting has a policy that staff can administer medicine.

Name of school / setting	
Name of child	
Date of birth	
Group / class / form	
Medical condition / Illness	
MEDICINE	
Name / type of medicine *(as described on the container)*	
Expiry date	
Dosage and method as stated on the prescription label provided by the pharmacist (please include the flush *if appropriate)*	
Timing	
Special precautions	
Are there any side effects that the school / setting needs to know	
Procedures to take in an emergency	
Agreed review date	
CONTACT DETAILS	
Name of parent / guardian	
Daytime telephone number	
Address	
Name and phone no. of GP	

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

Note: Medicines must be in the original container as dispensed by the pharmacy and have a clear prescription label. We are duty bound by law to only administer the dosage and follow the procedure on the prescription container provided by the pharmacist.

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 the 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 signature _____

Print name _____ Date _____

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

Appendix 5

Asthma Care Consent Form

If your child has a diagnosis of Asthma, we would like you to complete this form **in full** and return it as soon as possible.

Please complete all sections and return to the academy for the attention of _____

Name of student			
Date of birth		Tutor group	
Parent / Carer name			
Address			
Contact number			
Please circle Yes or No for every question			
I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.			YES / NO
My child has a working, in date inhaler, clearly labelled with their name, which they will bring with them every day to the academy.			YES / NO
My child will need continued support to use their reliever inhaler.			YES / NO
I confirm my child is mature enough to be responsible for the safe keeping of their own reliever inhaler.			YES / NO
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the academy for such emergencies.			YES / NO
Any special instructions.			

Parent / Carer signature : _____

Print name : _____ Date: _____

Appendix 6

Register of Medication Administered

Name: _____ Date of Birth: _____

Address:

_____

_____

Date	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage required	Name of person who brought it in	Signed in by	To be sent home each evening - signed out by

Register of Medication Administered

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

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