

## **Policy for Supporting Pupils at School with Medical Conditions**

<b>Review Period</b>	3 years
<b>Date approved</b>	Sept 25

### **INTRODUCTION**

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits; residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long-term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

### **PURPOSE OF DOCUMENT**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short- or long-term absence from school. Refer to school policy on managing attendance.

## **1. ROLES AND RESPONSIBILITIES**

### **1.1 The Governing Body**

The governing body is responsible for:

- ensuring the Headteacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Headteacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy;
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;

- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

## **1.2 The Headteacher**

The Headteacher responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any

medical intervention will be self-administered by the child, following consultation with staff, if appropriate;

- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

### **1.3 Staff**

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

### **1.4 Parents/carers Responsibilities**

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
  - a) the child's name
  - b) the child's date of birth
  - c) name of medicine
  - d) frequency / time medication administered
  - e) dosage and method of administration
  - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;

## **2 PUPIL INFORMATION**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

## **3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

### **3.1 Administering Medication/Medical Interventions**

All relevant staff have completed medication training through Hays Online Training. This addresses all current health and safety legislation and protocols for the safe administration of medication.

Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health, well-being or attendance not to do so.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B) found in the Admission Pack.

The Headteachers will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Headteacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered at the start of the day, during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate
- e) That privacy of the young person is observed where possible
- f) For non-prescription medication e.g. paracetamol, verbal or written permission has been obtained. Verbal permission should be recorded, i.e. time, date etc.

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C).

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **3.2 Abuse of Medication**

Abuse of medication by young people, e.g. sharing, wasting or selling, may result in parents and relevant healthcare professionals being contacted.

Abuse of medication by staff will result in disciplinary action and involvement of the police.

### **3.3 Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **3.4 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's Medication Administration Record (MAR). Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the school.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately and the child may be returned home at the Headteacher's discretion.

### **3.5 Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

#### **3.5a Controlled drugs**

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet on the child's unit, or in the medical room/storage. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

#### **3.5b Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **3.6 Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion.

Staff will complete and sign a MAR sheet each time medication is given to a young person and these will be kept in the Administration Office. These sheets will record the following:

- a) Name of young person;
- b) Date and time of administration;
- c) Two signatures; that of the administrator and young person, or second member of staff;
- d) Name of medication;
- e) Dosage;
- f) A note of any side effects the young person experiences;
- g) Notes on any special instruction should also be included, e.g. if medicine has been altered for administration (e.g. crushing tablets) and medical authority for doing so (even if this is the prescribed method of administering);
- h) Supplying Pharmacy, Service;
- i) User's name, address and GP;
- j) MAR Sheet Number;
- k) Date of birth and all known allergies;
- l) Medication Profile;

- Medication name, quantity, strength formulation and dose;
- Date commenced and Route of Administration.
- m) Start/end date of cycle, start day and cycle dates;
- n) Audit line used to check in and document returns/disposals of medication refusal codes;
- o) Dose is printed beside the correct administration time;
- p) Any medication still being used from last month should be entered into the “carried forward” box. Two signatures required.

#### **4. TRAINING**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff have completed Hays online *Medication Awareness* training on an annual basis.

All staff will be made aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school’s policy and practice on supporting pupils with medical condition(s).

Training will be sufficient to ensure staff are competent and have confidence in their ability to administer medication. School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. ‘Record of Staff Training’ (Template E)

#### **5. INDIVIDUAL HEALTH CARE PLANS (IHCP)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals. The IHCP will outline the young person’s needs and the level of support required in school.



The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) Overview, including contact details of key health care providers;
- b) Health Monitoring;
- c) General Medical History;
- d) Opticians History;
- e) CAMHS History;
- f) Allergies – known adverse reactions;
- g) Record of Appointments: Doctors, dentist, opticians, hospital, school nurse, CAMHS;
- h) Current Medication Record;
- i) Body Chart for prescribed medication/creams/oointments;
- j) Young Person, Key Worker and Senior Care signatures.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

### **Procedures to be followed when a young person is unwell**

- (a) Inform parents /carers that their child is feeling unwell by telephone.
- (b) If a young person is unwell they should be monitored by staff.
- (c) If the child does not improve the parent should be encouraged to come to collect their child or the child sent home by some means that keeps them safe.
- (d) Emergencies will be taken to A&E dept or hospital as soon as possible. The child will be accompanied by a member of staff until they can be handed over to a parent/carer.

### **Intimate and Invasive Care**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## **6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the

pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## **7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

The Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

## **8. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL**

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## **9. LIABILITY AND INDEMNITY check**

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## **10. COMPLAINTS PROCEDURE**

A copy of the school complaints procedure can be obtained from the school office or the website.

## **11. UNACCEPTABLE PRACTICE**

The school considers that the **following constitute unacceptable practice:** *(school may add or amend as agreed in discussion with governing body, staff and parents/carers)*

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

### **Templates:**

- A. Parent/Carer Information about a Child's Medical Condition
- B. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- C. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- D. Boots Practical Assessment
- E. Record of Staff Specialist Training
- F. Individual Health Care Plan
- G. Medication Administration Record

### **Appendices:**

1. Sample Procedure following notification of a pupil's medical needs
2. Individual Health Care Plan flow chart
3. Medicines and Medical Interventions



**Template A**  
**Parent/Carer Information about a Child's Medical Condition**

Date

Child's Full Name

Group / Class / Form

Date of Birth

Child's Address


**Family Contact Information**

1. Name

Relationship to Child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)


2. Name

Relationship to Child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)


## Healthcare Professional Contact Information

**GP (General Practitioner)**

Name

Medical Practice / Health Centre

Phone no.

**Hospital / Clinic Consultant / Specialist Nurse**

1. Name

Position / Job

Based at

Phone no

2. Name

## Position / Job

Based at

Phone no

**Community Health e.g. paediatrician, physiotherapist, occupational therapist**

1. Name

Position / Job

Based at

Phone no

2. Name

Position / Job

Based at

Phone no

## Child's Medical Information

**Diagnosis / Condition(s)**

--

### Regular Medicine

1. Name

--

Time administered

--

Side – effects

--

Contra-indications

--

Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle)

2. Name

--

Time administered

--

Side – effects

--

Contra-indications

--

Does the child require this medicine to be administered regularly e.g. every day during the school day?  
Y / N (please circle)

### Medicine Administered in a Medical Emergency

Name

--

Side - effects

--

Contra-indications

--

Does the child require this medicine to be administered in school?  
Y / N (please circle)

**Regular Medical Intervention e.g. catheterisation, suction/tracheostomy care**

Name of intervention

Time administered

Equipment used

Does the child require a medical intervention to be administered regularly e.g. every day during the school day?  
Y / N (please circle)

**Mobility – movement and walking**

Walking aids used

Support needs

Physiotherapy needs / programmes

**Personal Care**

Dressing needs

Eating / drinking needs

Bathroom / Toilet needs

**Other Information**



### Parent / Carer Declaration and Signature

I agree that this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to school informing the School Nursing Service about my child's needs, if this service is not already aware.

I agree to **inform school of any changes in medical needs or medication, immediately and in writing.**

Parent/ Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N If no, date that School Nursing Service informed
Date Review Due	



## **Template B**

### **Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)**

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Name

Group / Class / Form

Date of Birth

Medical Condition(s)

Date

#### **Medicine**

1. Name of Medicine

Dosage

Method of Administration

Timing(s)

Side-effects

Other information

Potential Emergency Situations

Self – administration

Y / N (Please circle)

Note: if self – administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' must *also* be completed.

2. Name of Medicine

Dosage

Method of Administration

Timing(s)

Side-effects

Other information

Potential Emergency Situations

Self – administration

Y / N (Please circle)

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self-administration of Medication/Medical Intervention’ must *also* be completed.

**Medical Intervention e.g. catheterisation, tracheostomy care**

Type of Intervention

Procedure

Timing(s)

Other Information

Potential Emergency Situations

Self – administration

Y / N (Please circle)

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self-administration of Medication/Medical Intervention’ must *also* be completed.

**Parent/ Carer Contact Details**

Name

Relationship to Child

Daytime contact no.

Address

### Parents/Carers Declaration and Signature

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

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will **inform the school immediately, in writing**, if there is any **change in dosage** or **frequency of the medication**, if the **medicine is stopped** or if there are any **changes to the procedure** for the delivery of a medical intervention.

Parent/Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	
Date Agreed by Head Teacher / Principal	
Date Review Due	



**Template C**  
**Parent/Carer Request for the Child's Self-Administration of**  
**Medication/Medical Intervention**

**Child's Details**

Child's Name

Group / Class / Form

Date of Birth


**Parent/Carer's Contact Details**

Parent/ Carer Full Name

Phone no. (home)

Phone no. (work)

Phone no. (mobile)


**GP**

Name of GP

Medical Practice / Health Centre

Phone no.


**Parent/Carer Declaration and Signature**

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I request and agree to: (please tick from the following)

- ☐ my child carrying the stated medicine(s) independently and safely
- ☐ school holding the stated medicine(s) safely for my child to collect and administer independently
- ☐ school holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff
- ☐ my child carrying any equipment or resources required for the stated medical intervention independently and safely
- ☐ school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently
- ☐ school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

I undertake to inform the school **in writing** if there are any **changes to medicine(s) or medical intervention(s)** e.g. change of dose, change of timings or frequency or if administration is stopped.

**Parent/ Carer's Full Name (Please print)**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	

Date Review Due	
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## Template D

### Medical Administration Record

**Childs Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

[illegible]

## 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



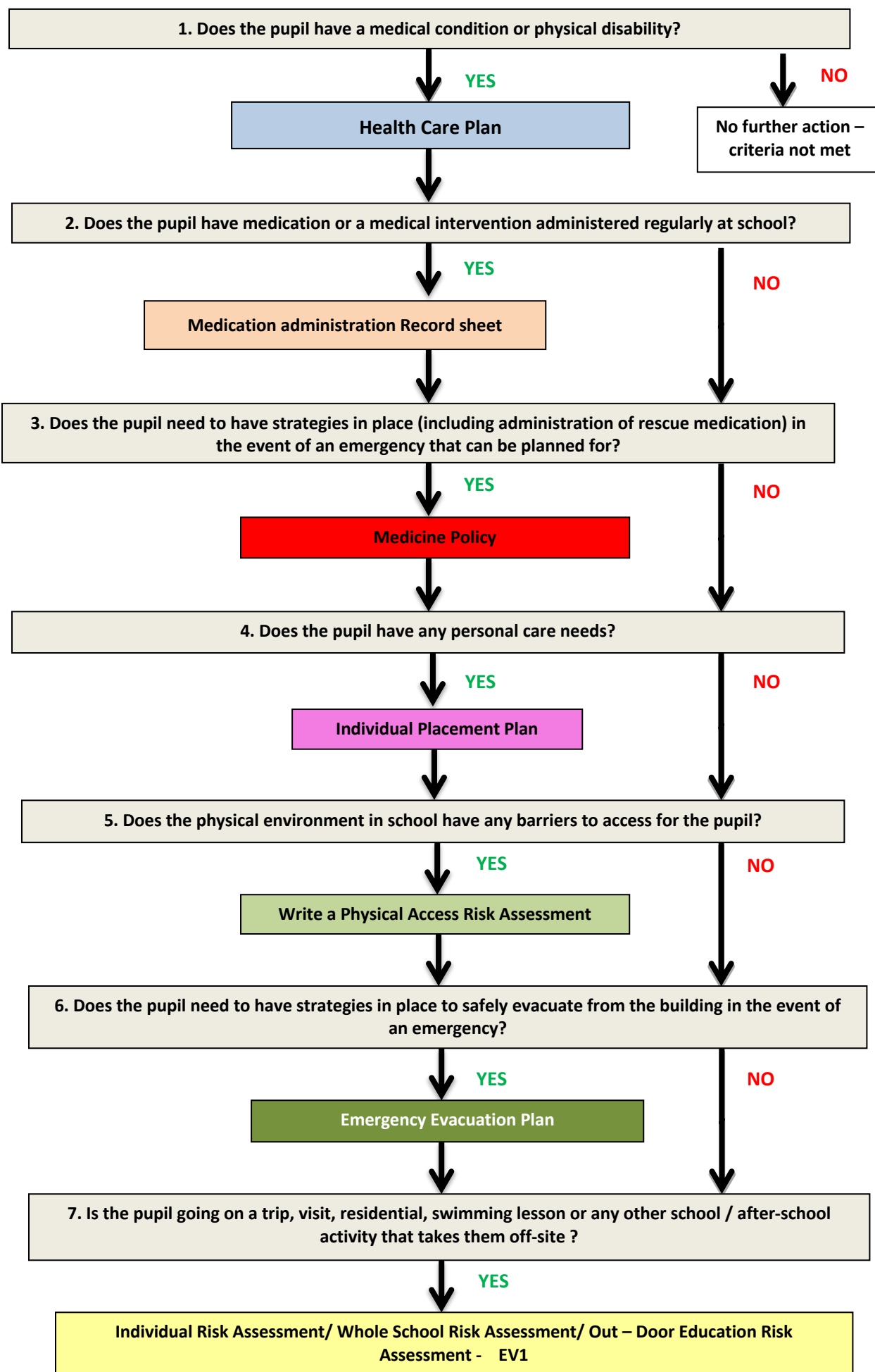
[illegible]



## Appendix 1: Procedure following Notification of a Pupil's Medical Needs



## Appendix 2: Individual Healthcare Planning (IHCP) Flow Chart



### Appendix 3: Medicines and Medical Interventions



Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

#### Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

#### Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	<ul style="list-style-type: none"> <li>Testing procedure includes taking a small blood sample</li> </ul>	Training by specialist nursing team required
Catheterisation	<ul style="list-style-type: none"> <li>Clean Intermittent Catheterisation (CIC)</li> <li>Self – Catheterisation (CIC)</li> <li>Management of In-Dwelling Catheter</li> </ul>	Training by specialist nursing team required
Diabetes and Insulin management	<ul style="list-style-type: none"> <li>Injection of insulin (insulin pen)</li> <li>Dose management</li> </ul>	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	<ul style="list-style-type: none"> <li>Bolus (Gravity) feeding procedure</li> <li>Pump feeding procedure</li> <li>Management of stoma site</li> </ul>	Training by specialist nursing team required
Hickman (Central) Line	<ul style="list-style-type: none"> <li>Awareness raising, management and monitoring</li> </ul>	Training by specialist nursing team required
Oxygen Therapy	<ul style="list-style-type: none"> <li>Management of oxygen via cylinders</li> </ul>	Training required by suppliers and specialist nursing team
Tracheostomy	<ul style="list-style-type: none"> <li>Trache and equipment care and management</li> <li>Suction</li> <li>Changing / replacing trache tube</li> </ul>	Training by specialist nursing team required

