

# St Peter's Eaton Square C E Primary School

## **Policy for Children with Medical Needs in School**

St Peter's School is a place where every person has the right to be themselves and to be included in a safe and happy environment. Everyone at our school is equal and will be treated with respect.  
Together, we will realise the potential God has given us.

All children with medical needs will have equal opportunities and access to the curriculum within the limitations of the building and the school's resources.

A. There is no legal duty for a school to administer medicines, however, this policy is intended to help promote regular school attendance. Non prescriptive medicines will not be administered.

B. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

C. Parents are responsible for their child's medication. They should advise the school of any significant disease, medical condition or allergies that their child may have, subject to confidentiality.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in morning, after school hours and at bedtime.

D. Where appropriate, parents/carers must give prior written agreement for any medicines to be given to their respective child.

The safety of staff and pupils must be considered at all times. Particular attention must be paid to the safe storage, handling and disposal of medicines. Training for staff should include guidance in safety procedures. The remainder of this policy fits within the context of the above.

### **Storage of medicines**

In general all epipens/asthma inhalers should be kept in the school office. In the case of asthma inhalers which may be needed periodically and a child has requested permission to self medicate they may keep his/her inhaler with them. A spare inhaler should be kept in the school office in case s/he forgets it.

# St Peter's Eaton Square C E Primary School

**Pupils with specific medical needs** in school which may limit access to curriculum delivery should have an individual health plan drawn up by the school after:

- a. Screening for health either initial or on-going by the school nurse
- b. Medicals with the child's GP

All classteachers should be made aware of the individual **health plan** and its updating as necessary.

A copy of any health plan, accompanied by a photograph wherever possible, should be readily available within the respective pupil's class register, pupil file, school medical file and other places as necessary according to the needs of confidentiality.

**Each Health Plan must include all the relevant forms duly completed (available from the school office).**

## Self Medication

If a child is self-medicating, the Head should be informed in writing of this (including dosage and timing; Form 7 should be used). The Health and Safety of others must be taken into consideration.

It is the parents' responsibility to monitor regularly with the child and the school to see that the medication is being correctly administered and that the medication is still within expiry dates.

On all out of school visits, classteacher must ensure that they have checked the updated health plan, and take with them whatever is appropriate.

**If in doubt or emergency, contact the family!**

September 2016

# St Peter's Eaton Square C E Primary School

## ANNEX B: FORMS

- Form 1**      Emergency planning - request for an ambulance
- Form 2**      Healthcare Plan
- Form 3 A**    Parental agreement for school/setting to administer medicines
- Form 3 B**    Parental agreement for school/setting to administer medicines
- Form 4**      Head teacher/Head of setting agreement to administer medication
- Form 5:**     Record of medicine administered to an individual
- Form 6:**     Record of medicines administered to all children
- Form 7:**     Request for child to carry his/her own medicine
- Form 8:**     Staff training record - administration of medicines
- Form 9:**     Authorisation for administration of rectal diazepam

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

Versions of these forms are available from  
<http://www.teachernet.gov.uk/medical>

# St Peter's Eaton Square C E Primary School

## FORM 1      Contacting Emergency Services

### Request for an Ambulance

**Dial 999, ask for ambulance and be ready with the following information**


1.     Your telephone number  
      **Tel: 020 7641 4230**
  
2.     Give your location as follows:  
      **St Peter's Eaton Square C E Primary School**  
      **Lower Belgrave Street London**
  
3.     State that the postcode is **SW1W 0NL**
  
4.     Give exact location in the school
  
5.     Give your name
  
6.     Give name of child and a brief description of child's symptoms
  
7.     Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

# St Peter's Eaton Square C E Primary School

## FORM 2 Healthcare Plan

<h1>Healthcare Plan</h1>		<b>Name:</b>  <b>Class:</b> <b>DoB</b> <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>Condition</b> Describe condition and give details of pupil's individual symptoms:		PHOTO
<b>Key adults at school:</b>		
<b>Action plans:</b> Daily care requirements: (e.g. in lessons/PE/playground)  Requirements on educational visits away from school:  Describe what constitutes an emergency for the pupil, and the action to take if this occurs:		
<b>Emergency Priority contacts:</b> <ol style="list-style-type: none"> <li>1. First Aid adult in school – where possible but not always to determine nature of event</li> <li>2. <b>Emergency service 999 - paramedics</b></li> <li>3. <b>Parents/carers</b></li> <li>4. (Clinician or GP)</li> </ol>		
<b><u>Information to pass onto paramedics:</u></b> <ol style="list-style-type: none"> <li>1. <b>Medication held at school and whether administered</b></li> <li>2. <b>Medical condition (see above)</b></li> <li>3. <b>Current Condition</b></li> <li>4. <b>Age</b></li> </ol>		
<b>CONTACT INFORMATION</b>		
<b>Family contact 1</b> Name Phone No. (work) (home) Relationship	<b>Family contact 2</b> Name Phone No. (work) (home) Relationship	
<b>Clinic/Hospital contact</b> Name Phone No.	<b>Other contact if needed:</b>	
<b>Record of incidents</b>		

# St Peter's Eaton Square C E Primary School

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

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

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

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Follow up care:

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

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Form copied to:

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# St Peter's Eaton Square C E Primary School

## FORM 3A Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form

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

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

Class: \_\_\_\_\_

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

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

How much to give (i.e. dose to be given): \_\_\_\_\_

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

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

Number of tablets/quantity to be given to school: \_\_\_\_\_

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

Daytime phone no. of parent or adult contact: \_\_\_\_\_

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

Agreed review date to be initiated by: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parents Signature: \_\_\_\_\_

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

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

# St Peter's Eaton Square C E Primary School

## FORM 4 Confirmation of the Head's agreement to administer medicine

It is agreed that \_\_\_\_\_ *[name of child]* will receive

\_\_\_\_\_ *[quantity and name of medicine]*  
every day

at \_\_\_\_\_ *[time medicine to be administered e.g. Lunchtime or afternoon break].*

\_\_\_\_\_ *[name of child]* will be given/supervised whilst

he/she takes their medication by \_\_\_\_\_ *[name of member of staff].*

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

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

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

Head



# St Peter's Eaton Square C E Primary School

## FORM 5 Record of medicine administered to an individual child

Name of Child \_\_\_\_\_

Date medicine provided  
by parent \_\_\_\_\_

Class \_\_\_\_\_

Quantity received \_\_\_\_\_

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

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

Quantity returned \_\_\_\_\_

Dose and frequency of  
medicine \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_

# St Peter's Eaton Square C E Primary School

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

# St Peter's Eaton Square C E Primary School

## FORM 6 Record of medicines administered in school to all children

Print Name									
Signature of Staff									
Any Reactions									
Dose given									
Name of Medicine									
Time									
Child's Name									
Date									

# St Peter's Eaton Square C E Primary School

## FORM 7 Request for child to carry his/her medicine

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

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

Class: \_\_\_\_\_

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

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

### **Contact Information**

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

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

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

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

# St Peter's Eaton Square C E Primary School

## FORM 8 Staff training record - administration of medicines

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

Type of training received: \_\_\_\_\_

Date of training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_

I confirm that \_\_\_\_\_ *[name of member of staff]*  
has received the training detailed above and is competent to carry out any  
necessary treatment. I recommend that the training is updated (please state  
how often)

Trainer's signature: \_\_\_\_\_

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

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

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

Suggested Review Date: \_\_\_\_\_