Lytham Church of England Primary School

Managing Pupils with Medical Conditions Policy

To inspire everyone in our school family to be the best they can be within our caring Christian community.

Our strap line is, 'Together We Grow With God'.

Introduction

The purpose of this document is to provide advice to staff on managing medication in schools/settings and to put in place effective systems to support individual children.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document 'Supporting pupils in school with medical conditions', DfE Sept 2014 is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

A member of school staff will administer medication to children. The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description.

All staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school. Staff will receive relevant emergency first aid/ paediatric first aid training. Staff also receive training on the impact medical conditions can have on pupils. The Headteacher is the named senior leader responsible for this Medical Conditions Policy and for overseeing the school's Allergy Safety Policy. In accordance with Benedict's Law, the school maintains a separate Allergy Safety Policy which is reviewed annually, published on the school website and implemented across all aspects of school life. The school recognises that allergies can be life-threatening and is committed to providing a safe, inclusive environment for pupils with allergies. The school will implement the requirements of Benedict's Law and associated Department for Education statutory guidance, including maintaining an Allergy Safety Policy, ensuring staff training, maintaining spare emergency adrenaline auto-injectors (AAIs), and providing appropriate individual healthcare plans for pupils with significant allergies.

This policy will be reviewed every year and is next due to be reviewed in September 2027.

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or head teacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the head teacher, unless it is a matter concerning the head teacher, when it should be directed to the chair of governors. Parents may request a copy of the full complaints procedure from the school office or see it electronically on our school website.

Lytham C of E Primary School is an inclusive community that supports and welcomes pupils with medical conditions. This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

Staffing

The whole school understand and support the medical conditions policy. This school understands that all children with the same medical condition will not have the same needs.

All staff understand and are trained in what to do in an emergency for children, in their class, with medical conditions at this school. All school staff, including temporary or supply staff, are aware of the medical conditions of the children they are responsible for, and understand their duty of care to pupils in an emergency. Senior leaders will inform supply staff about the medical needs information. This information is kept on display in each classroom.

This school will work in partnership with parents and health care professionals and consider whether an individual healthcare plan (IHCP) is appropriate or proportionate. The development of any plan will be led by the Headteacher and involve the parents and child and if appropriate specialist medical support.

A pupil's individual healthcare plan will explain what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

Allergy Safety and Benedict's Law

The school is committed to protecting pupils with allergies and ensuring they are fully included in all aspects of school life.

The school will:

- Maintain a standalone Allergy Safety Policy which is reviewed annually and published on the school website.
- Appoint a named senior leader to oversee allergy management and policy implementation.
- Ensure all staff, including temporary staff, lunchtime supervisors, office staff, breakfast and after-school club staff, receive appropriate allergy awareness and anaphylaxis training.
- Maintain Individual Healthcare Plans for pupils with diagnosed serious allergies.
- Promote an inclusive environment that protects pupils with allergies whilst avoiding unnecessary restrictions and exclusion.
- Record, investigate and review allergy incidents and near misses to identify learning and improve practice.

- Ensure arrangements are in place for educational visits, clubs, sporting activities and other school events involving pupils with allergies.

Administering medication

Our guidance on providing care and support and administering medication at school is clear. We understand the importance of medication being taken and care received, as detailed in the pupil's IHCP. We will make sure that there are several members of staff, trained to administer the medication detailed on IHCPs and meet the care needs of an individual child. We will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The governing body has made sure that there is the appropriate level of insurance and liability cover in place. As a general rule, non-prescription medication will not be administered to pupils. However, the school may administer antihistamines and emergency medication where parental consent has been provided and the conditions set out in this policy are met. All medication must come as prescribed by a doctor or a pharmacist and in the correct packaging. Parents will fill in a consent form (Form 6) for regular basic medication such as daily inhalers or eczema creams. These forms will be kept with the medication, either in the First Aid cabinet (staffroom) or the Medicine Fridge (staffroom), whilst active and then archived into the child's personnel file.
A trained member of staff will always be available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.
Occasional, prescribed medication can be administered either by a member of staff and always with a second member of staff present. Parents must fill in a 'Medicine Consent Form' with medicine details before staff administer prescribed medication. Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after (provided this is possible) school and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Staff administering this medication must fill in the school proforma every time they administer, and sign it with a signed witness. If a pupil refuses to take medication this will be detailed on the proforma and parents telephoned immediately. Medicines MUST be in the correct packaging with expiry dates being checked.

Administration of Antihistamines

The school may administer antihistamine medication where:

- Written parental consent has been obtained.
- The medication is supplied by the parent in its original packaging and clearly labelled with the child's name.
- Dosage instructions are clearly provided.
- The medication is within its expiry date.
- Administration is undertaken by authorised members of staff.
- A record of administration is maintained.

Antihistamines may be administered for:

- Diagnosed allergies.
- Hay fever.
- Mild allergic reactions.
- Other conditions agreed between the school and parent/carer.

The administration of antihistamines must never delay emergency treatment. Where anaphylaxis is suspected, staff will immediately follow the pupil's Individual Healthcare Plan, administer an adrenaline auto-injector if prescribed or available, and call 999 without delay.

Storing medication

This school has clear guidance on the storage of medication and equipment at school. All staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

Staff at this school can administer a controlled drug to a pupil once they have had specialist training. All medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

Medication storage:

- Tablets – in locked cabinet in staffroom.
- Medicine needing to be refrigerated – in sealed labelled containers in Medicines' Fridge in Staffroom.
- Excess insulin needing to be refrigerated – in sealed labelled containers in Medicines' Fridge in Staffroom.
- Diabetic testing equipment – unlocked in child's classroom at adult height as per nurse instruction.
- Prescribed adrenaline auto-injectors (AAIs) are stored in locations identified within Individual Healthcare Plans and remain immediately accessible to trained staff. The school also maintains spare emergency AAIs in accordance with current legislation and national guidance. Spare AAIs are stored in a clearly identified location known to all relevant staff and are readily accessible in an emergency.
- Inhalers – in child's classroom as per school nurse instruction.
- Emergency inhaler and spacer stored in staffroom.

Ensure that medication is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents will be notified at the start of the new term if their child's inhaler has expired. The office staff will request a replacement and send out a new Form 6 for parents to complete. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

Record keeping

Record keeping guidance is clear. Parents at this school are asked if their child has any medical conditions when the annual data collection form is sent out in September and known medical needs are reviewed every October or as stated on the Medical Care Plan.

Where appropriate and proportionate, this school uses an IHCP (Individual Health Care Plan) to record the support an individual pupil's needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

The Headteacher has responsibility for this register of IHCPs. IHCPs are regularly reviewed, at least every year in October or whenever the pupil's needs change.

The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

Pupil's confidentiality is always protected. This school seeks permission from parents before sharing any medical information with any other party.

At Lytham, we meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHCP which accompanies them on the visit. An accurate record of all medication administered, including the dose, time, date and supervising staff, is kept.

All staff providing support to a pupil have received suitable training and on-going support, to ensure that they have confidence to provide the necessary support to fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and this school keeps an up-to-date record of all training undertaken and by whom.

School environment

We ensure that the whole school environment is inclusive. We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

The needs of pupils with medical conditions are considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

At Lytham, we understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

Pupils have the appropriate medication/equipment/food with them during physical activity. Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.

Pupils with medical conditions who are finding it difficult to keep up educationally, will be referred to the SENCO/Additional Learning Needs Co-ordinator/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

A risk assessment is carried out before any out-of-school visit, including work experience and educational placements and is evaluated by our Educational Visits Co-ordinator. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

All medical emergencies are reviewed to see how they could have been avoided, and changes school policy according to these reviews.

Bumped Heads

All bumped heads are assessed by a qualified first aider and a letter sent home. The office will be notified so a text can be sent to parents. This forms part of our official school record.

Roles and responsibilities

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy. All relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals work in partnership to ensure that the policy is planned, implemented and maintained successfully.

Review

This Medical Needs Policy and the school's separate Allergy Safety Policy are reviewed annually by the Headteacher and Governing Body. Allergy incidents, near misses, staff training records, healthcare plans and emergency procedures will form part of the annual review process to ensure continuing compliance with statutory requirements and best practice. In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services are sought. The views of pupils with medical conditions are central to the evaluation process.

Appendix 1 – Guidelines for the administration of Epipen/Anapen by Staff.
Appendix 2 - Guidelines for Managing Asthma
Appendix 3 - Guidelines for Supporting the Management of Diabetes
Appendix 4 – Guidelines for first aid kits.
Appendix 5 – Record of medicine administered to an individual child.
Appendix 6 – Parental agreement for setting to administer medicine
Appendix 7 – Asthma protocol

Signed**: Hannah Davies**

Date: **September 2026**

Review Date: **September 2027**

Agreed by Governors: September 2027

Appendix 1 - Guidelines for the Administration of Epipen/Anapen by Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the Head teacher/setting lead or manager and who has been trained by the appropriate health professional. Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the Head teacher/setting lead or manager. Training will be updated at least once a year.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Epipen/Anapen should only be used for the person for whom it is prescribed.

1. Where an Epipen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each child. One copy of this form will remain with the Epipen/ Anapen another copy of the consent form will be kept in the medical needs folder in the school office. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.
2. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box. **This medication is not be locked away as per school nurse instruction. The second dose is stored in the locked cupboard.**
3. It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly. Parents are ultimately responsible for replacing medication as necessary.
4. The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen. – a copy is with the epi-pen.
5. Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
6. It is the parent/carer's responsibility to renew the Epipen/Anapen before the child returns to school.
7. The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

Other sources of information:
The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX
Helpline: 01252 542029 Website: www.anaphylaxis.org.uk Email: info@anaphylaxis.org.uk

Appendix 2 - Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.

Schools are now able to hold salbutamol inhalers for emergency use. The emergency salbutamol inhaler and spacer should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. It will be kept on the high shelf in the school office. The spacer must be washed after use but may be used again along with the inhaler.

Only pupils who have got parental consent to use it will able to do so. Staff will notify the School Office to send text to parents immediately after use of emergency inhaler. This text will also act as the official school record.

1. School keeps a register of children in school with asthma. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency. Pupils who take their inhaler on a daily basis will have parental consent Form 6 completed.
2. Inhalers MUST be readily available when children need them and are kept in a central place within each child's classroom as per school nurse instruction. If a child doesn't usually use their inhaler but needs it the office will be notified and a text sent to parents which will also act as the official school record.
3. All inhalers should be labelled where possible with the following information:

- Pharmacist's original label
- Child's name and date of birth
- Name and strength of medication
- Dose
- Dispensing date
- Expiry date – staff to check canister expiry date

4. An emergency inhaler and spacer are kept on the high shelf in the school office. Parental consent will be obtained to use this inhaler in an emergency (inhaler malfunction, run out, out of date, left at home). Parents will be contacted by text as usual if this occurs.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. Parent/carer is responsible for renewing out of date and empty inhalers.
7. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
8. If pupils are going on offsite visits, inhalers MUST still be accessible.
9. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
10. Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Other sources of information:
National Asthma Campaign Tel: 0800 1216255 www.asthma.org.uk
Education for Health Tel: 01926 493313 www.educationforhealth.org

Appendix 3 - Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes Children with Type 1 diabetes manage their condition by the following:

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

Insulin Therapy Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

The insulin pen should be kept in the child's special temperature bag in the locked cabinet in the PPA Room. Parents should ensure enough insulin is available at school and on school trips at all times. Extra insulin is kept in the Medicines' fridge in the Staffroom.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

<u>Administration of Insulin injections</u>
If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

<u>Other sources of information:</u>
Diabetes UK 10 Parkway London NW1 7AA
Tel: 020 7424 1000 Careline: 0845 1202960 Fax: 020 7424 1001 Email: info@diabetes.org.uk
Website: www.diabetes.org.uk

Appendix 4 - First Aid Boxes

First aid boxes, identified by a white cross on a green background, will be provided within the workplace to ensure there are adequate supplies for the nature of the hazards involved. First Aid will be positioned in the hall, main entrance, KS1 library area and KS2 library area. Consideration should be given to the recommended minimum provision provided by the Health and Safety Executive.

Only specified first aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept in these boxes. Saline or water sachets may be included to irrigate wounds.

First aid boxes will display the following information:

- the name of the person responsible for their upkeep
- the nearest location for further supplies
- the contents of the first aid box and replenishing arrangements
- the location of the accident book

First aid boxes are maintained and restocked when necessary by authorised school personnel. Used items should be replaced promptly. School personnel will be made aware of the procedure for re-ordering supplies.

<u>First aid box contents</u>
As a guide the minimum contents of a first aid box should contain:

• a leaflet giving general guidance on first aid (for example HSE leaflet Basic advice on first aid at work) • 40 cleansing wipes (sterile water) • 20 long plasters • 20 square plasters •10 large hypoallergic waterproof plasters • 10 large sterile dressings • 10 small sterile dressings • 3 pods of sterile water eye wash • 2 bandages • 1 triangular bandage • 1 blanket • low adherent non adhesive dressings • tape • safety pins • scissors • clamp scissors • disposable bags • forehead thermometer

Spare contents stored in stock box.
Glove boxes in KS1 and KS2 areas.
Vomit bowls in KS1 and KS2 areas.
Ice packs in KS1 and KS2 freezers.
Plastics aprons and masks stored in KS1 cupboard.

As a guide the minimum contents of a travelling first aid kit should contain:-

• a leaflet giving general guidance on first aid (for example HSE leaflet Basic advice on first aid at work); • 6 individually wrapped sterile adhesive dressings (assorted plasters); • 2 triangular bandages; • 1 large wrapped sterile un-medicated wound dressing (approximately 18cm x 18cm) • 1 pair of disposable latex non-powdered gloves. • Gauze squares. • Individually wrapped non-alcoholic moist cleansing wipes

Appendix Form 5 Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent_____

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

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

Record of medicine administered to an individual child (Continued)

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			

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

Appendix Form 6 - parental agreement for setting to administer medicine

Lytham CofE Primary School
TOGETHER WE GROW WITH GOD

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Parents must complete this form if they wish the school to administer medication.

Please Note: The school will not give your child medicine unless you complete and sign this form. **The medicine must be prescribed by a doctor, be in the original container and must have the prescription label stating your child's name, dosage and expiry date.**

DETAILS OF PUPIL

Surname: _____ **Forename:** _____

Male / Female *(Delete as appropriate)* **D.O.B.:** _____ **Class:** _____

Address: _____

Condition: _____

DETALS OF MEDICATION

Name of Medicine	Date Prescribed	Duration of Treatment	Dosage and Method	Timing	Self-Administer Yes/No

Side effects from medication: _____

Emergency Procedures: _____

_____

CONTACT DETAILS

Name: _____ **Daytime Telephone Number:** _____

Address: _____

DECLARATION

I understand that I must deliver medicine personally to the School Office and accept that this is a service that school is not obliged to undertake.

Signed: _____ Parent/Guardian **Date:** _____

Relationship to child: _____