



Redborne Upper School

Supporting students with medical needs Policy

This policy will be evaluated and reviewed every year by the Deputy Headteacher:
Quality of Education (Chris Graves)

This policy is available on request to parents and carers, the LA and Ofsted through the Head teacher.

Date approved by governors: July 2025

Date of union consultation: July 2025

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Table of Contents

Table of Contents	2
School acknowledgement	3
Supporting students with medical needs policy	4
1. Principles	4
2. Roles and Responsibilities	5
3. Procedures	8
4. Medicines in school	10
5. Emergency Asthma Inhaler	12
6. Emergency AAI Pens	14
7. Defibrillator	15
8. Educational Visits, Work Experience and Sporting Activities	16
9. Complaints	16
Appendices	17
Appendix 1: Model letter inviting parents to contribute to individual healthcare plans	17
Appendix 2: Flow chart for developing an individual healthcare plan	18
Appendix 3: Individual healthcare template	19
Appendix 4: Parental agreement for school to administer medication	24
Appendix 5: Record of medication administered to an individual student	26
Appendix 6: Staff training record	28

School acknowledgement

The staff and governors at Redborne Upper School are committed to providing students with a high quality education whatever their health needs, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that students with a disability, health need or SEN are not discriminated against or treated less favourably than other students.

This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

In meeting the duty, the governing body, proprietor or management committee must have regard to the most current guidance issued by the Secretary of State under this section (Supporting pupils at school with medical conditions,

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Supporting students with medical needs policy

1. Principles

1.1 This policy and any ensuing procedures and practice are based on the following principles:

- All students are entitled to a high quality education;
- Disruption to the education of students with health needs should be minimised;
- If students can be in school they should be in school. Students' diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all students to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a student are essential to achieving the best outcomes for the student;
- Students with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the student requires; and that
- Students with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

1.2 As a school we will not engage in unacceptable practice, as follows:

- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;

- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs or any other discrimination as per section 100 of the Children and Families Act 2014.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

1.3 Definition of health needs. For the purpose of this policy, students with health needs may be:

- students with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick students**, including those who are physically ill or injured or are recovering from medical interventions, or
- students with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

1.4 Some students with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

1.5 The school will follow the Special Education Needs & Disability (SEND) [Code of Practice](#) where students who have medical conditions requiring an Education, Health Care Plan (EHCP)

2. Roles and Responsibilities

2.1 All staff have a responsibility to ensure that all students at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

2.2 The member of staff with overall responsibility for ensuring that students with health needs have proper access to education is Ms N Brennan. She will oversee the implementation of this policy, liaising with year teams and external agencies as necessary and ensuring good communication and effective sharing of information.

2.3 Parents hold key information and knowledge and have a crucial role to play. Both parents and students will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their child's condition or in the treatment their child is receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

2.4 Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff will familiarise themselves with the medical needs of the students they work with. An email will be sent at the start of each school year with details about how to access information regarding students' medical needs. Updates will be sent through the year as required. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

2.5 The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. He will ensure that all staff who need to know are aware of a student's condition. He will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The headteacher has overall responsibility for the development of individual healthcare plans. He will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. He will ensure the person responsible contacts the school nursing service in the case of any student

who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

2.6 The governing body is responsible for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions. They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

2.7 Where the school nursing team is made aware by the school or the parent that a student has a medical condition which will require support in school, they are able to support the school in the production of the individual Healthcare Plan, this may be done in conjunction with a specialist nurse, GP or other specialist. GPs and Paediatricians may also notify the school nurse when a student has been identified as having a medical condition that will require support at school. Hospital and Outreach Education work with schools to support students with medical conditions to attend full time.

2.8 In carrying out their role to support students with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support students with medical conditions and to fulfil the requirements as set out in individual healthcare plans. Annual training on auto-injectors takes place in September.

2.9 Staff will not give prescription medicines or undertake health care procedures without appropriate training. **A first-aid certificate does not constitute appropriate training in supporting students with medical conditions.**

2.10 This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports students with health needs is included in our induction procedure for all new staff.

3. Procedures

3.1 Information about medical needs or SEND is requested on admission to the school. **The school nursing service and Redborne staff will liaise with feeder middle schools to ensure appropriate information is sent on to upper school.**

Parents and carers are asked through regular reminders in the school bulletin to keep the school informed of any changes to their child's condition or treatment. Where appropriate, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition into the class.

Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

3.2 Not all students with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view.

3.3 Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a student needs, and developing an individual healthcare plan is provided at appendix 2.

3.4 Individual healthcare plans should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support. A template for individual healthcare plans is provided at appendix 3 although in practice different areas of the medical support teams use their own templates.

3.5 Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the student. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or student's community nurse, who can best advise on the particular needs of the student. Students will also be involved whenever appropriate. Copies are held in their file in the year room, on their SIMS record and in North Reception.

3.6 Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed as stated on the plans, by the appointed school nurse or earlier if evidence is presented that the student's needs have changed. Care plans for auto immune injector pens are reviewed when there is a change to the prescription or diagnosis. Plans are developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption.

3.7 Where a student has SEND but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the student has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

3.8 Where a student is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

3.9 When students are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The relevant year team will make a referral to the Central Bedfordshire Medical Needs team as soon as they become aware that a student is likely to be or has been absent for 15 school days.

3.10 Where students have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these students should be discussed and agreed between the year team staff, the family, the medical needs team and the relevant medical professionals. Year staff will work with the exams officer to establish any additional requirements relating to public exams. Subject staff will continue to provide assessment information as appropriate.

3.11 A member of the year team will attend an initial meeting with the Medical Needs team to plan for the future. Review meetings will take place every half term. A PEP will be drawn up by the Medical Needs team with input from the relevant year staff.

3.12 Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school.

4. Medicines in school

4.1 Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

4.2 If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered. If students do not have an IHCP, parents will be still be contacted by the school. If a refusal to take medicine results in an emergency, the school's emergency procedures should be followed by calling an ambulance.

4.3 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

4.4 No student under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort will be made to encourage the student or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered, particularly for residential visits. A template for obtaining parental agreement for the school to administer medicine is provided at appendix 4.

4.5 The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

4.6 All medicines are stored safely. Students are informed of where their medicines are at all times and are able to access them immediately. All emergency medicines are readily available to students in North Reception and are not locked away during the school day. Other non-emergency medicines are kept in a secure cabinet not accessible to students. Where relevant, students know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to students and not locked away.

4.7 A student under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages on the administration of medication record, and when the previous dose was taken. Parents will be informed.

4.8 A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a student securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual student is provided at appendix 5.

4.9 School staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. A template for recording staff training on the administration of medicines is provided at appendix 6.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other *sharps*.

4.10 Where a student has an individual healthcare plan, this will 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 students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

4.11 If a student without a healthcare plan has a medical emergency, the school will follow their emergency first aid procedures and first aid will be provided by a qualified member of staff until a paramedic arrives.

4.12 In the event of the ambulance service not being able to attend school and no parent being available to escort their child, the school will take advice from the ambulance service as to whether school staff can escort the student to hospital.

4.13 If permission is given by the ambulance service, the school will endeavour to send one driver (who has business insurance on their vehicle), one first aider and one member of the pastoral team.

4.14 Following serious illness or mental health concerns, the year team will request a meeting with parents and student prior to the student's return to school.

5. Emergency Asthma Inhaler

5.1 Where parental consent has been given for the use of an emergency asthma inhaler as per the "[Emergency Inhalers in Schools Guidance](#)", emergency asthma inhalers are kept in North and South Receptions and may be used if the student's prescribed inhaler is not available (e.g. if broken or empty).

5.2 The following members of staff are responsible for ensuring the protocol is followed:

Beverley Allen/Gemma Vyse - North Reception

Theresa Barnard - South Reception

- The school has a register of students in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler
- Written parental consent for use of the emergency inhaler will be included as part of a student's individual healthcare plan
- the emergency inhaler will only be used by students with asthma with written parental consent for its use
- appropriate support and training will be provided for staff in the use of the emergency inhaler in line with the school's wider policy on supporting students with medical conditions
- Parents or carers will be notified that their student has used the emergency inhaler

5.3 The emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- a plastic spacer compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency salbutamol inhalers in schools
- a list of students permitted to use the emergency inhaler as detailed in their individual healthcare plans;

- a record of administration (i.e. when the inhaler has been used).

5.4 Storage and care of the inhaler

Beverley Allen and Theresa Barnard are responsible for maintaining the emergency inhaler kit.

- a monthly check will be conducted to ensure the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers will be obtained when expiry dates approach;
- the plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use.
- The inhaler and spacer will be easily accessible to staff and not be locked away.
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers will be kept separate from any student's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a student's inhaler.
- The inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it will be regularly primed by spraying two puffs.
- Used inhalers will be returned to a pharmacy for disposal.

6. Emergency AAI Pens

6.1 In accordance with the "[Guidance on the Use of AAI Pens in Schools](#)", emergency AAI pens are kept in North and South Receptions and the three canteens and may be used if the student's prescribed pen is not available (e.g. out of date or the student requires a second dose with paramedic advice).

6.2 The following two members of staff are responsible for ensuring the protocol is followed:

Beverley Allen & Gemma Vyse- North Reception

Theresa Barnard - South Reception

- The school has a register of students in the school that have been diagnosed with allergies and prescribed an AAI pen, a copy of which is kept with their emergency pen, on the SIMs database, in their file and in North Reception.
- The emergency pen will only be used by students with allergies that have been prescribed an AAI pen and with written parental consent for its use.
- The emergency pen will only be administered by the student or trained staff.
- Appropriate support and training will be provided for staff in the use of the emergency pens in line with the schools wider policy on supporting students with medical conditions.

The emergency AAI pen kit includes: -

- An AAI pen in its original pharmacy box with expiry date.
- Instructions on how to administer the pen.
- A register and photograph of students prescribed an AAI and who have parental consent.

6.3 Storage and care of the pens

Beverley Allen and Theresa Barnard are responsible for maintaining the emergency inhaler kit.

- Replacement pens will be obtained when expiry dates approach.
- The pens will be accessible to staff and stored in medicine cabinets.
- The pens will be stored at the appropriate temperature (in line with manufacturer's guidelines), not above 25 c, protected from direct sunlight and extremes of temperature.
- The pens will be kept separate from any students' pens which are stored in a nearby location and the emergency pen will be clearly labelled to avoid confusion with a student's pen.
- Used pens will accompany the student to hospital.

7. Defibrillator

7.1 The Defibrillator will be used in line with the DFE guidance [“Automated external defibrillators Guide” for schools.](#)

7.2 Defibrillators are kept in North and South Receptions and the Pavilion and should only be used by staff who have been trained in their use. All first aid trained staff have undergone specific training in defibrillator use.

8. Educational Visits, Work Experience and Sporting Activities

8.1 Students with medical conditions are actively supported to participate in school trips and visits, work experience (as appropriate) or in sporting activities. In planning such activities, teachers will undertake the appropriate **risk assessment** and will take into account how a student's medical condition might impact on their participation.

8.2 College or work experience placements will be requested to complete a risk assessment as required. Arrangements for the inclusion of students in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the student's best interests.

8.3 For residential visits, school staff may administer non-prescription medicines, provided that written consent and medication are provided by parents/carers in advance (*see appendix 4*).

8.4 Home-to-School Transport Arrangements for students with Medical Needs - Where required the school, alongside relevant professionals, will develop transport healthcare plans for students with life-threatening conditions. Relevant information will be shared with the local authority/ transport provider to ensure that risks are managed and all staff involved in the transportation of the student are informed.

8.5 Liability and Indemnity - The school's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

9. Complaints

If parents or students are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendices

Appendix 1: Model letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

Developing an individual healthcare plan for your student

Thank you for informing us of your student's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your student needs, and how this will be provided. The plan will be developed in partnership between yourselves, your student, the school and the relevant healthcare professional, who will be able to advise us on your student's case. The aim of this partnership is that the school are aware of how to support your student effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your student's medical condition and the degree of support needed.

It may be that decision is made that your student will not need an individual healthcare plan, but we will need to make judgements about how your student's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your student's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

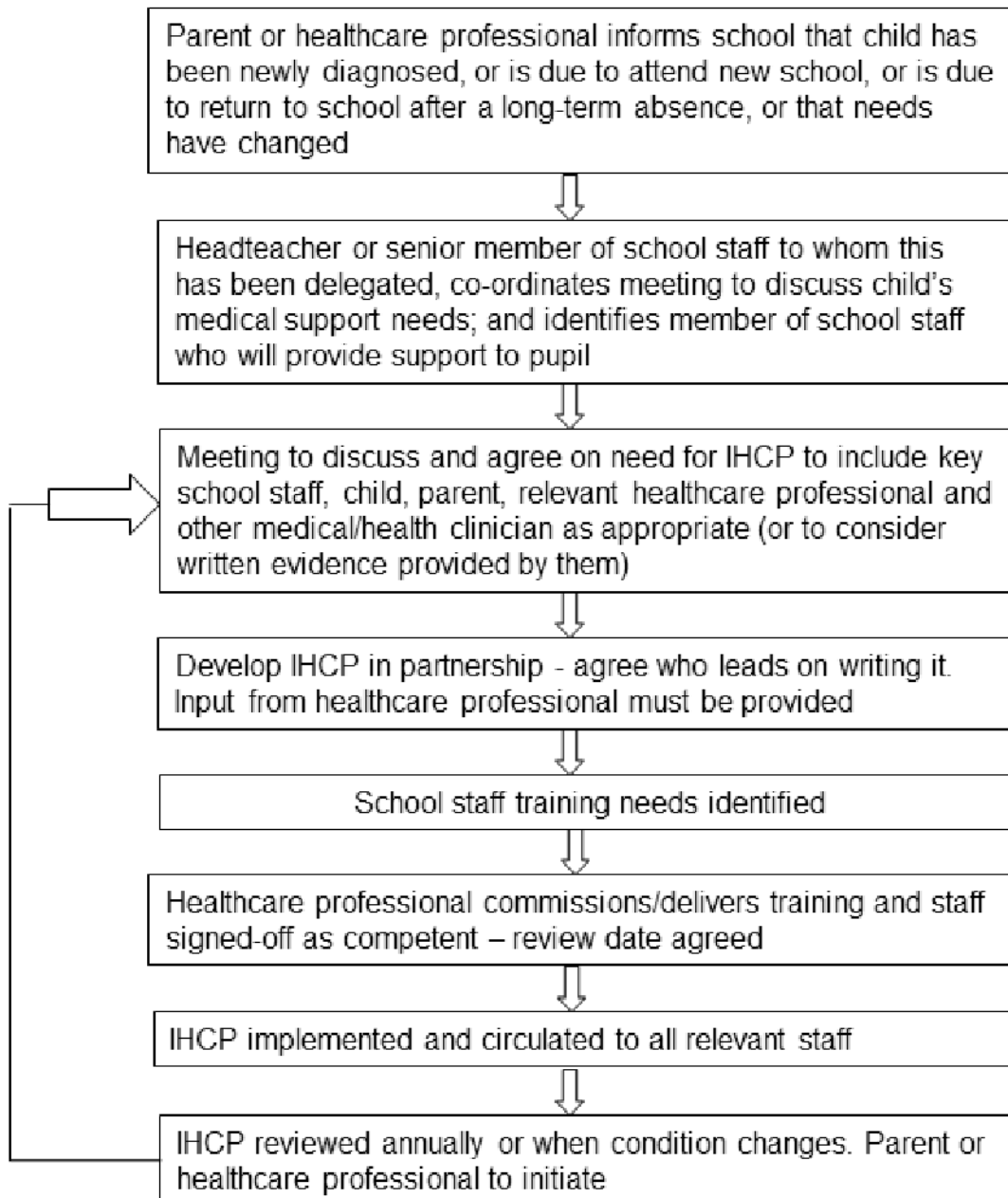
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Appendix 2: Flow chart for developing an individual healthcare plan



Appendix 3: Individual healthcare template

Name of School/setting/academy

Student's name	
Group/class/form	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

First contact name	
Relationship to student	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to student	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

Clinic/Hospital contact

Name	
------	--

Phone no	
----------	--

GP

Name	
Phone no	
Person(s) responsible for providing support in school	

Describe the medical needs of the student

--

Give details of the student's symptoms

--

What are the triggers and signs?

--

What treatment is required?

--

Name of medication and storage instructions (if applicable)

--

Can student administer their own medication: YES/NO

Does student require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

--

Dose, when to be taken, and method of administration

--

Describe any side effects

--

Describe any other facilities, equipment, devices etc. that might be required to manage the condition

--

Describe any environmental issues that might need to be considered

--

--

Daily care requirements

--

Specific support for the student's educational needs

--

Specific support for the student's social needs

--

Specific support for the student's emotional needs

--

Arrangements for school visits/trips/out of school activities required

--

Any other relevant information

--

--

Describe what constitutes an emergency and the action to be taken when this occurs

--

Named person responsible in case of an emergency

In school:

For off-site activities:

--

Does student have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

--

People involved in development of plan

--

Form to be copied to

--

Appendix 4: Parental agreement for school to administer medication

The school will not give your student medication unless you complete and sign this form.
The school has a policy where staff can administer medication.

Name of student	
Date of birth	
Group/class/form	
Medical condition or illness	

Details of medication

Type of medication (please delete as appropriate)	Prescription Non prescription
Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can student self-administer medication?	YES/NO
Procedures to take in an emergency	

Note: medication must be stored in the original container as dispensed by the pharmacy

Contact details

Name	
Relationship to student	
Daytime phone no	
I understand I must deliver the medication personally to	

Date of review _____

The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signed: _____

Print name: _____

Date: _____

Appendix 5: Record of medication administered to an individual student

Name of school/setting/academy

Name of student	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: _____

Parent/carer signature: _____

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Appendix 6: Staff training record

Name of school/setting/academy

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that _____ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated _____

Trainer signature: _____

Date: _____

I confirm that I have received the training detailed above:

Staff signature: _____

Date: _____

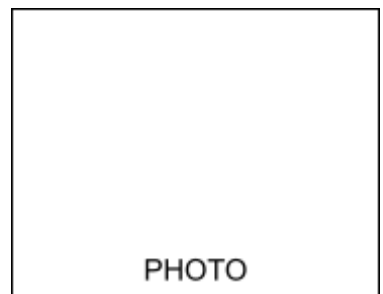
Suggested review date: _____

**EMERGENCY INSTRUCTIONS FOR AN
ALLERGIC REACTION**

CHILD'S NAME:

DOB:

ALLERGIC TO:



ASSESS THE SITUATION

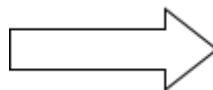
Send someone to get the emergency kit, which is kept in:

.....

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED
BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A
REACTION DEVELOPS**

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/nausea
- Vomiting

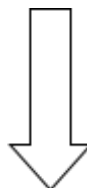


ACTION

- Give _____
(antihistamine) immediately
- Monitor child until you are happy
he/she has returned to normal
- If symptoms worsen see –
SEVERE REACTION

SEVERE ACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTIONS

- 1 Get _____ auto-injector out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
- 2 Sit or lie child on floor
- 3 Take auto-injector and remove the grey cap
- 4 Push the black tip of auto-injector firmly into outer aspect of mid thigh

MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS

- 5 Remain with the child until ambulance arrives. Place used auto-injector into container without touching the needle
- 6 Contact parent or carer