



Supporting Pupils with Medical Needs Policy

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An academy within:



“Learning together, to be the best we can be”

1. Introduction

- 1.1. Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Government's Supporting Children at School with Medical Conditions (DfE 2015).
- 1.2. This policy outlines how Fountaindale school will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.3. Linked Policies:
 - Safeguarding policy
 - Complaint's policy
 - Intimate care policy
 - Educational visits policy
- 1.4. The following guidance is designed to assist Fountaindale School staff support pupils; complying with statutory responsibilities, introducing effective management systems that are inclusive and supportive.
- 1.5. Management of:
 - Short term medical needs
 - Long-term medical needs (treatment of chronic illness or medical condition requiring medical technical support).
 - Immediate medical response (response to acute medical conditions including calling the emergency services) through effective risk assessment and individual healthcare planning by properly trained staff in conjunction with parents and carers.

2. Principles

- 2.1. We have adopted the key drivers of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:

- To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.2. In line with the 2023 DfE guidance on children unable to attend school because of health needs, Fountaindale school will also ensure that:

- Pupils whose medical needs prevent attendance receive appropriate alternative education arranged in partnership with the local authority.
- There are clear procedures for maintaining contact, monitoring progress, and planning reintegration.
- Attendance and safeguarding responsibilities are fulfilled consistently with current DfE guidance.
Promote equality in care provision for pupils with chronic or transient medical conditions within Fountaindale School.
- Outline the roles and responsibilities of employees within Fountaindale School in maintaining safety, achievement and attainment of pupils with medical needs.

3. Recognition

- Application to the school has request for parents to provide the school with useful information regarding the pupil's needs
- The primary liaison member of staff will visit feeder schools (where applicable) before admission date to liaise with staff, parents and pupils to highlight areas of need
- Any EHCPs in place will be reviewed to monitor how school supports the pupils' medical needs.
- Medical information is recorded on the pupil's electronic files. Issues of a sensitive nature are 'flagged' on a need-to-know basis.
- Weekly meetings ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them.

- All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular activity.
- 3.1. When Fountaindale school becomes aware that a child with medical needs will begin attending, or that a child already attending the school has medical needs, the Medical team will be informed. The Medical team then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission wherever practicable.
- 3.2. When a formal diagnosis has not yet been made, or where there is a difference of medical opinion, the school makes a judgement about the appropriate support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

4. Individual Healthcare Plans (IHPs)

- 4.1. All students with medical needs attending the school will have an individual healthcare plan and this is required. The plan outlines what needs to be done, when and by whom. The delegated person will work with parents/carers and healthcare professionals to develop, implement and review the healthcare plan.
- 4.2. All children in Fountaindale with medical needs require a plan. IHPs will be reviewed at least annually, or sooner if the child's medical needs, medication, or school circumstances change. Reviews may also be triggered by information shared by health services, or following any medical incident at school.
- 4.3. Each IHP will include:
 - Details of the child's medical condition, signs, symptoms, and triggers.
 - Specific support required in school (including medication, equipment, or adaptations).
 - Emergency procedures and contact details.
- 4.4. In line with *Arranging Education for Children Who Cannot Attend School Because of Health Needs* (DfE 2023), the IHP will also note any alternative or off-site education arrangements that apply when a child's medical condition prevents regular attendance.

5. Children with Special Educational Needs & Disabilities (SEND) and Medical Needs

- 5.1. Some children with medical needs also have SEND. Where a pupil has an Education, Health and Care (EHC) Plan, their medical support requirements will be incorporated within that plan. For children with SEND and medical needs who do not have an EHC Plan, an Individual Healthcare Plan will include reference to any identified special educational needs or disabilities to ensure coordinated provision.
- 5.2. Common medical needs and example arrangements include (but are not limited to):
- **Asthma:** Inhalers (e.g. salbutamol) are accessible. Staff are trained in emergency inhaler procedures in line with DfE guidance *Guidance on the use of emergency salbutamol inhalers in schools (2015)*.
 - **Anaphylaxis:** Adrenaline auto-injectors (EpiPens) are stored in clearly marked, secure but accessible and/or the classroom, depending on individual need. All relevant staff receive regular training.
 - **Diabetes:** Insulin and related equipment are stored in labelled, secure but accessible containers in the designated medical storage area. Staff supporting diabetic pupils will have received appropriate training from healthcare professionals.
 - **Temporary or mobility-related injuries (e.g. broken limbs):** Teaching spaces and movement routes will be adapted wherever possible. Timetables and lesson locations may be adjusted to minimise travel distances.
 - **Lesson access and movement:** Where required, pupils may be released early from lessons to avoid crowded corridors, and will have access to lifts or accessible routes as needed.
 - **Extended or long-term illness:** Where a child's illness prevents attendance, work will be provided remotely or through alternative provision, in line with *Arranging Education for Children Who Cannot Attend School Because of Health Needs (DfE 2023)*. The school will liaise with the local authority's medical access or home-tuition service to ensure continuity of education.

6. Roles And Responsibilities

- 6.1. Any medically trained school staff/ medical team, may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of medically trained staff/ medical team, must know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Medications can only be given by suitably trained staff.

6.2. Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs and medications
- Participating in the development and review of their child's individual healthcare plan
- Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines, ensuring that they are in date, labelled and provided in original containers) unopened.
- Ensuring that written records are kept of all medicines administered to children
- Collecting medications no longer required or out of date
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

6.3. The Headteacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers, students and external partners.
- Ensuring the school complies with section 100 of the Children and Families Act 2014 and relevant DfE guidance (2015 and 2023).
- Ensuring sufficient numbers of trained staff are available to implement IHPs at all times, including cover for absence and school visits.
- Overseeing the development, implementation, monitoring and review of all IHPs.
- Ensuring all relevant staff are informed of pupils' needs and have access to appropriate information in line with data protection requirements.
- Monitoring the effectiveness of this policy and associated procedures.
- Ensuring adequate first-aid provision, infection control, and the availability of personal protective equipment (PPE).
- Fountaindale School ensure that a member of staff trained in paediatric first aid is always onsite. A member of the Senior Leadership Team is also available. All first aid records are held centrally on 'I am compliant'.

6.4. Teachers and Support Staff/ Medical Team are responsible for:

- Supporting the child as much as possible in self-managing their own condition wherever possible and appropriate.
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable
- Implementing their actions identified in individual healthcare plans.

- Recording and reporting any incidents or changes in a pupil's condition.
- Maintaining awareness of pupils' medical needs as communicated through staff briefings and pastoral updates.
- At the onset of any emergency situation class staff will alert a member of the SLT through the use of the emergency call system. This member of SLT will make any call to the emergency services and parents where deemed necessary. Initiating reviews and updates of health care plans
- Monitoring medical storage and ensure all stocks remain adequate to meet daily needs. -**Meds Team**
- Monitoring dates on all forms of medication etc. – **Meds Team**
- Administering all forms of medication that they have received appropriate training for- **Meds Team**
- Administering all forms of medical interventions that they have received appropriate training for such as; suction, gastrostomy feeds (inclusive of nasal gastric) etc. – **Meds Team**
- Liaising with other relevant health professionals involved in the care of their pupils – **Meds Team**

6.5 Office Manager (Health and Safety Lead) is responsible for:

- Ensuring paediatric first aiders receive appropriate up to date training
- Ensuring the phone system used for Code Blue emergency calls is maintained and serviced
- Line managing staff involved in the ordering appropriate medical equipment
- Managing pharmacy and clinical waste disposal

6.6 Fountaindale staff must not administer medication or undertake any healthcare procedures without appropriate training; they must remain confident and competent to undertake their duties at all times.

6.7 Staff should take responsibility for notifying the medical team of any training needs even if they are within their annual competency time frame.

6.8 Personal carers must not administer medication or undertake any healthcare procedures without appropriate training unless deemed appropriate through individual pupil care plans and agreements with relevant agencies and insurers; they must remain confident and competent to undertake their duties at all times.

7. Links To Achievement and Social and Emotional Wellbeing

- 7.1. There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Fountaindale school we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised. This includes recognising when pupils may require additional pastoral, academic or mental health support and making referrals to appropriate services where necessary.
- 7.2. Fountaindale school staff are experienced and trained to provide effective emotional and pastoral support. Where a pupil returns to school following a period of illness or hospitalisation, bespoke transition and reintegration plans are developed, often in collaboration with external agencies such as Educational Psychology, the School Nursing Service, or Child and Adolescent Mental Health Services (CAMHS).

8. Procedures For Managing Medicines

- 8.1. The school's arrangements for the safe storage, recording and administration of medicines are detailed in **Medicines in School Policy**, which should be read in conjunction with this document.
- 8.2. All medication procedures comply with DfE guidance and are reviewed annually to ensure alignment with health and safety and safeguarding requirements.
- 8.3. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 8.4. If a child needs any "as required" medication i.e. pain relief, then parents must be contacted to check when a previous dose was taken and parents should be informed of if a dose has been administered via the home/school communication platform (Seesaw) or via phone. If before 12 o'clock.
- 8.5. Medication **MUST** be provided, with clear prescriber instructions regarding dosage and administration accompanied with a written consent. Where circumstances dictate, Fountaindale School will explore all options to ensure that care is delivered when the above cannot be met due to exceptional circumstances. All such circumstances should be reported to the relevant line manager. Fountaindale will continue to administer medication where daily doses are four times daily or at prescribed times by a GP; where dosing is three times per day, Fountaindale would ask parents to complete administration (before school, immediately after school and bed time). Where possible, all

prescribed medication should be provided in unopened bottles or containers with the seals intact. This is to prevent cross contamination or product tampering. However, in exceptional circumstances this rule can be discussed with medical practitioners.

Non-prescription or over the counter medication

8.5 Fountaindale School will only administer non-prescribed pain relief medication if it is bought over the counter and sent into school unopened, with the seal intact. These must be accompanied by a permission form completed by the parent or carer. Where circumstances dictate and non-medicinal creams used in personal care are provided by parents, Fountaindale will ask them to sign a consent form. **(See appendix 1 Parent/ carer Consent for administration Fountaindale school). (See appendix 2 Parent agreement for a pupil to administer medication). (See appendix 3 Parents/ Carers permission for Pupil to carry own medication).**

8.6. This excludes those to be administered by gastro or jejunal feeding routes, which must be prescribed by a medical practitioner.

Controlled drugs (CDs)

<https://www.gov.uk/government/publications/controlled-drugs-list>

8.7. Examples of controlled medication (Buccal Midazolam)

8.8. It is illegal for any child to hold controlled drugs in their possession, even if they are prescribed it (Misuse of Drugs Act, 1971). Any controlled medication **MUST** be stored in a **LOCKED, NON-PORTABLE**, container or cupboard. Fountaindale School holds these in a locked cupboard in the locked Medications treatment room.

8.9 Each area that holds a stock of controlled drugs must have a controlled drug register to record all CDs received, administered or discarded. Information of any missed doses should be shared with parent/carers. Any travel or movement of buccal midazolam must be recorded on all occasions including if medication leaves the site, is sent home or administered.

8.10. Monthly stock checks of controlled drugs must be carried out to ensure appropriate stock levels are kept, expiry dates are checked and if there are any anomalies with the drug. Any anomalies i.e., missing stock, must be reported immediately to a member of the SLT.

8.11 Fountaindale School will only store, supervise and administer medicines that have been prescribed for an individual child. No

medicine should be accepted if the child's name, dosage and frequency of administration are not clearly displayed on it. Where appropriate children need to know where their own medicines are stored and have permanent and immediate access to their medicines when required. (Staff present)

8.12. Medicines such as adrenaline pens and asthma inhalers should be readily available to children throughout the school day and should NEVER be locked away. These items will be located on the back of the pupils' chairs or a designated space in class.

8.13. Where deemed appropriate Fountaindale School will allow children to carry their own inhalers, adrenaline and insulin pens if fully competent in using it this and should be reflected in a pupils Individual Healthcare Plan to assess risk for the individual pupil and/or other Fountaindale pupils. In doing so school will ensure that these medicines are only accessible to those for whom they are prescribed and those have been trained to administer.

Prescribed medications for non-school use

8.14. Parents and respite centres may send medications into school to support additional services i.e., respite. On arrival into school, any luggage is to be stored in the locked storage room for safe keeping. Any medications that may be contained therein, will be untampered with but remained locked away till the end of the day. This luggage should be returned to the services or home at the close of the school day.

Antibiotics

8.15. Where possible, Antibiotics should be sent into school in an unopened container with unbroken seals. However, as a short course of medication this may need to be received and sent home daily, in accordance to our signing in procedures. This is only to be acceptable if there is no safer alternative available that reduces the need for the transportation of medications in and out of school. If a young person starts a course of antibiotics that they have not taken before, we ask parents or carers to keep them off school for the first 24 hours in case there are unexpected side effects.

Enteral medications

8.16. Any staff administering enteral medications must have completed the enteral feeding package and enteral medication competency assessment. This assessment will only enable a member of staff to administer enteral medications using the device type that they have

received training for. Where training is required, this MUST be raised with the Headteacher. Staff must not undertake any clinical intervention without training and/or competency.

Enteral Feeding inclusive of Aspiration

8.17. Fountaindale staff have a duty to ensure they are up to date with training regarding support and management of medical conditions. Where training is required, this MUST be raised with the Headteacher and the Medical team. Staff must not undertake any clinical intervention without training and/or competency.

8.18. All staff have a duty to act as a prudent parent ensuring care is delivered where omission could be potential harmful.

Oral Suction

8.19. Fountaindale School staff have a duty to ensure they are up to date with training regarding support and management of medical conditions. Where training is required, this MUST be raised with the Headteacher and the Medical team. Staff must not undertake any clinical intervention without training and/or sufficient competency.

8.20. All staff have a duty to act as a prudent parent ensuring care is delivered where omission could be potentially harmful.

Vagal Nerve Stimulation

8.21. Fountaindale School staff have a duty to ensure they are up to date with training regarding support and management of medical conditions. Where training is required, this MUST be raised with the Headteacher and the Medical team. Staff must not undertake any clinical intervention without training and/or sufficient competency.

8.22. All staff have a duty to act as a prudent parent ensuring care is delivered where omission could be potential harmful.

Undiagnosed seizure activity

8.23. If a pupil presents with a seizure that has no known history or a care plan in place, this should be treated as a medical emergency.
Disposal of medicines

8.24 Large volumes of medicines should not be stored in school. Should Fountaindale School have uncollected, spent or out-of-date medicines at the end of each term, these should in the first instance be sent home for parents to dispose of them correctly. Any spillage waste

must be disposed of into a pharmaceutical waste bin located in the facilities room. Any unused half tablets must be disposed of in the 2-litre pharmaceutical bin.

8.25 It is the responsibility of all staff at Fountaindale School to ensure that the Treatment Room remains locked at all times.

8.26 Parents of pupils who require bloods checked as part of their ketogenic diet will be asked to supply a sharps bin to dispose of products.

Infection Control

8.27 All staff must be vigilant in hand hygiene procedures i.e., washing hands before and after a clinical procedure and using alco-gel (no more than the recommended 10 times) if hand washing facilities are not available. However, staff should be aware that wherever possible hand washing is the preferred option at all times.

8.28. All staff must wear appropriate personal protective equipment when carrying out medical procedures i.e., aprons and gloves appropriate to the procedure (please refer to individual standard operating procedures documents)

8.29 Record Keeping -Parents should inform Fountaindale School about the medicines their child requires during the school day. The medication provided should be clearly labelled with the child's name, administration route, dose and frequency.

8.30 Fountaindale School will gain signed consent from parent/carer to administer medication; where medication is used long term it is the parent/carer responsibility to ensure any medication sent into school is in date and that school receives sufficient supplies upon the request of school. Any medication administered in school will be clearly documented on a Medication Administration Record (MAR) to show the date time and dose of administration and should have two staff signatures. **(Appendix 4: Individual MAR Sheet)**

8.31 Medication requests should be notified on Seesaw when supplies are required.

8.32 A medicine alert message on Seesaw must be sent when medicines are returned to parents. (Parents must contact school if the medicine does not arrive home with their child)

8.33 Checklists should be completed whenever any new medication/stock arrives into school.

9. Emergency Procedures

- 9.1. Where a child has an individual healthcare plan, it will define what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 9.2. Other students in the school know that they should seek adult assistance immediately if they think help is needed.
- 9.3. If a student needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance.
- 9.4. Emergency Call Alert -This system should be used in the event of any medical emergency to alert the Senior Leadership Team.
- 9.5. Once staff suspect a pupil is likely to breach their seizure protocol and rescue medication is likely to need administering, they should alert the SLT and school Medications team by calling 550 and "Code Blue". SLT members will attend the scene and call emergency services, and notify parents/carers were deemed necessary.

10. Extra-Curricular Activities

- 10.1. Fountaindale school staff are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits.
- 10.2. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician state that this is not possible).
- 10.3. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child to agree support arrangements and contingency plans.
- 10.4. The group leader is responsible for risk assessing the medical needs of all pupils and ensuring all needs can be met.
- 10.5. Any additional information highlighted on the day identifying possible new risks of the visit must be added to risk assessment and/or permissions form for that young person.
- 10.6. On administration of Buccal Midazolam an ambulance should be called and parents informed. An exception to this rule would be, if a child has

Buccal Midazolam and this brings the student out of the seizure – no ambulance would be required according to their plan.

- 10.7. The agreed Medi-packs, supplied by school, must always be used to transport medication off site. These Medi-packs are located with the Medications Team.

11. Unacceptable Practice

- 11.1. The school is clear that the following practices are **not acceptable**, in line with DfE statutory guidance (2015):
- 11.2. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) to:
- Prevent children from easily accessing their inhalers and/ or medication and administering their medication when needed.
 - Assume that every child with the same condition requires the same treatment
 - Ignore the views of the child or their parents; or ignore medical evidence or opinion
 - 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.
 - Leave a pupil who becomes unwell unaccompanied or send them to the medical room alone.
 - Penalise children for their attendance record if their absences are related to their medical condition.
 - Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition.
 - Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues unless specifically agreed as part of the IHP.
 - Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life due to a medical condition.
- 11.3. All staff are expected to uphold these principles to ensure equality, dignity and safety for all pupils.

Error/Omissions Process

- 11.4. All staff are responsible for their own actions when carrying out clinical interventions, although school wish to adopt an open and transparent practice to the identification and response to errors/omissions.
- 11.5. If any error or omission is made during any clinical intervention the following steps should be carried out:
- 11.6. Inform a member of the SLT
- 11.7. Contact Parent/Carer
- 11.8. Seek appropriate healthcare advice
- 11.9. Record Process including a Medical Incident Report Form (**Appendix 5: Medical Incident Log**)

12. Support For Children with Allergies and Medical Conditions

- 12.1. On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The Medical team will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training.
- 12.2. Where appropriate, an allergy student profile will be created which includes a picture of the student, a description of the allergy, triggers and allergic reaction symptoms. Profiles will be shared securely with all staff and held in the student file.
- 12.3. Parents/carers must provide two adrenaline auto-injectors (Epi-Pens) where applicable, both of these should be kept in the student's classroom. The class team will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it. Teachers and support staff will be trained on how to use an Epi-Pen.
- 12.4. Training records for the administration of emergency medication are maintained by the school's administrative team and reviewed regularly to ensure coverage and competence.

13. Training

- 13.1. Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of

practitioners. Fountaindale school undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.

- 13.2. We work in partnership with the community nursing team to determine what training is required to meet the medical needs of the Fountaindale cohort. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

Other Professionals

- 13.3. Fountaindale school works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals to ensure integrated and informed support for pupils.
- 13.4. The Community Nursing Service remains a key partner in policy implementation, staff training and review of pupils' healthcare plans.

Non Fountaindale Staff i.e., personal carers

- 13.5. Staff funded by continuing health care must provide evidence of appropriate training to deliver clinical interventions. This therefore ensures that they are covered by Fountaindale's over-arching policy.
- 13.6. Medications should be submitted to the Medications Teams for processing in accordance with the Fountaindale School policies and procedures. Non Fountaindale staff can work alongside the medications team to draw up and administer as the witness, or can lead if the medication is administered via a route that is not covered by routine administration training, for example Nasogastric intubation. This can only happen when approved school training has been provided.

Monitoring And Review

- 13.7. Whole-school data on medical needs, training, and healthcare plan outcomes is reviewed regularly to ensure best practice and statutory compliance.

14. Monitoring, Review and Complaints

- 14.1. The Senior Leadership Team monitors the implementation of this policy and associated procedures.
- 14.2. The policy is formally reviewed at least every year, or sooner following changes in legislation or statutory guidance.
- 14.3. Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Headteacher in the first instance. If unresolved, the matter will be handled in accordance with the school's Complaints procedure.

15. Partnership Working

15.1

At Fountaindale school we work with a range of care professionals including:

- Community Nursing team
- Specialist Epilepsy Nurse
- Wheelchair services
- continence teams
- stoma and gastrostomy specialists
- Children's community respiratory rapid response team
- NHS local hospital links at Kings Mill,
- Urology team
- Speech and Language therapists
- Dieticians
- Audiology

We hold Paediatric clinics in school and Physiotherapists and Occupational therapists are based in school 2-3 days per week.



Appendix 1



Consent form for administration of medication

Name of pupil			
Class			

Medication 1

Name of medication			
Dose		Times:	

Medication 2

Name of medication			
Dose		Times:	

Medication 3

Name of medication			
Dose		Times:	

Medication 4

Name of medication			
Dose		Times:	

I Consent to the above medicine being given to my child by non-medical trained staff. I will notify school by seesaw if the medicine or dose should change in anyway. I give my consent for school staff to follow this medication consent form during the school day/clubs/residential and educational day visits.

Route; Gastrostomy Nasal Oral Topical

Parent/carer name:	
Parent/Carer signature:	
Date:	



Appendix 2

PARENTAL AGREEMENT FOR A PUPIL TO ADMINISTER THEIR OWN MEDICATION

Your child will not be able to take and keep their medication unless you complete and sign this form.

Name of Child	
Date of Birth	
Group / class	
Medical condition or illness	

MEDICINE – This must be sent in the original packaging and be labelled with the child’s name and dosage instructions.

Name / type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agree review date to be initiated by staff member	
Dosage and method	
Timing	
Special Precautions	
Are there any side effects that	



we need to know about	
Self-administration	YES / NO
Procedures to take in an emergency	

CONTACT DETAILS

Name	
Daytime Phone No	
Relationship to child	
Address	

I understand that my child will be solely responsible for the taking and storing of this medication, ensuring it is kept safe at all times, that no other pupils will be offered or have access to this and that any record keeping is also down to my child.

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

I understand that I must notify the school of any changes in writing.

Date: _____

Signature _____



Appendix 3

REQUEST FOR A CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents / guardians.

If staff have any concerns discuss his request with healthcare professionals.

Childs Name	
Group / 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 child to keep his / her medicine on him/her for use as necessary.

Date _____

Signed _____

Appendix 4


MAR recording sheet example



Appendix 1: Individual MAR Sheet



Individual MAR Sheet

Pupil Name:		
D.O.B.:		
CLASSROOM:		
Medication 1	Dosage	
Medication 2	Dosage	
Medication 3	Dosage	
Medication 4	Dosage	
Medication Information:		
Method of Administration:		
Additional Notes:		
Equipment Used:		
Allergies:		



Codes

A	Absent
O	Omit
V	Vomit
NA	Not Available
R	Refused
S	Sleeping

Notes for Completion

Appendix 5

Medical Incident Log

1. Print details in black pen.
2. When Medication is discontinued, draw a line through the medicines details section.
3. Use as many forms as necessary according to the colour coding:
 - a. Green – Routine Medications
 - b. Orange – Rescue Medications
 - c. Yellow – PRN & Antibiotics

Appendix 2: Medical Incident Log
To be used for all medication incidents where an AIR1 has not been completed

Pupil name:	
Class:	
Date of incident:	
Names of persons involved:	

Details of incident
Plausible explanation
SLT member investigation
SLT actions



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Date implemented:	
--------------------------	--

Accident report form required: Yes No