Applecroft School

Administering Medicines Policy

Person Responsible:	Finance & Business Manager
Review Cycle:	Annually
Reviewed Date:	June 2026
Next Review Date:	June 2027

Administering Medicines Policy

1) **Introduction:**

School Vision:
'To create a positive and inspiring community that nurtures each individual and empowers leaders for life."

School Mission Statement:
'Nurturing Potential, Inspiring Minds, Changing Lives'

School Values:
- Ambition and Leadership
- Kindness and Supportiveness
- Respect and Honesty
- Determination and Resilience

This policy refers to the administration of medication to both children and staff.

First Aiders at Work and relevant Administrative staff are consulted on the administration of any medicines.

1.1 The Headteacher follows the guidance in this document, which has been drawn up in accordance with the DfE guide 'Supporting pupils at school with medical conditions'. Also previously in consultation with consultant community paediatricians in Hertfordshire and the County Medical Health and Safety Service; the County's Legal Section and the recognised trade unions and professional associations of Headteacher representatives.

1.2 Most young people will at some time have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer-term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

1.3 In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. At Applecroft school, staff will refer to a child's individual Health Care Plan to identify the necessary safety measures to help support that child with medical needs and ensure that they, and others, are not put at risk.

1.4 Under Part 4 of the DDA (Disability Discrimination Act 1995) responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education. Applecroft school, as part of their accessibility plan, plans strategically to increase access, over time, to the school and for the admission of disabled pupils with medical needs. Strategic plans also include our early years' settings in making reasonable adjustments for disabled children, including those with medical needs.

1.5 Parents/carers have the prime responsibility for their child's health and should provide schools with information about their child's medical condition, obtaining details from the GP or

paediatrician if needed. School doctor, nurse or health visitor may also be able to provide information for staff.

1.6 There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent/carer. Members of staff should receive appropriate training and support from health professionals and schools should ensure that there are robust systems in place to manage medicines safety.

2) Administering Medicines:

2.1 Each request for medicine to be administered to a young person in school should be considered on its merits. Where it is thought necessary for medicines to be administered the Headteacher will ensure that their school policy and these guidelines are followed carefully. All staff must be made aware of the school policy and practices with respect to administering medicines.

2.2 This policy covers the following:

- A clear statement on parental responsibility in respect of their child's medical needs
- The need for prior written agreement from parents/carers for any medicines to be given to their child
- Procedures for managing prescription medicines which need to be taken during the school day
- The circumstances in which young people may take non-prescription medicines
- Risk assessment and management processes
- A clear statement on the roles and responsibilities of staff managing the administration of medicines, and for administering or supervising the administration of medicines
- Staff training and instruction in dealing with medical needs
- Safe storage of medicines
- Record keeping
- School policy on assisting young people with long-term or complex medical needs
- Policy on young people carrying and taking their medicines themselves
- Access to school's emergency procedures
- Procedures for managing prescription medicines on educational school visits and outings
- Details and procedures in relation to the use of the schools spare adrenaline auto-injector
- Guidance and procedures on the use of the school's emergency/spare salbutamol inhaler

3) Guidelines:

The following guidance should be observed in cases were medicines are administered within school.

3.1 The school must receive a written request from the parent/carer giving clear instructions regarding required dosage. The form (Appendix 1) should be completed by the parent/carer whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly.

3.2 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

3.3 No child under 16 should be given prescribed or non-prescribed medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

3.4 Schools should only accept prescribed medicines. These must be in date, labelled and provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, dose and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container.

3.5 Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside of school hours.

3.6 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief, forming part of an individual health care plan, should never be administered without first checking maximum dosage and when the previous dose was taken. Parents should be informed.

3.7 The School will not administer non-prescribed medication e.g. pain relief unless it is indicated on a medical risk assessment and/or medical care plan, except when the child is on a residential educational trip and prior written authorisation has been given by the parents/carers. Parents/carers will be advised if any medication needs to be given to their child whilst on the trip.

3.8 Travel sickness tablets will be administered to a child whilst on a school residential educational trip with the written authorisation from parents/carers.

3.9 Any medication, that a child requires, should be brought into the school office by the parent/carer, or their nominee. If a young person brings to school any medicine for which there is no received written notification, the staff at the school will not accept or be responsible for that medicine. If a staff member becomes aware that a child has this in their possession, they will remove the medication and contact the parent/carer immediately.

3.10 Please note that we do not allow children to self-medicate using cough/throat sweets and ask that parents/carers do not send their child to school with these.

3.11 We ensure that we have sufficient members of support staff who are adequately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training guidance and support from the health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to manage medicines as part of their duties should be kept both by the school and the member of staff.

3.12 Only one member of staff at any one time will administer medicines to a young person wherever possible (to avoid the risk of double dosing). There may, however be circumstances where an additional member of staff may check doses before they are administered. Arrangements are made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines, a system is in place to avoid the risk of double dosing whereby members of staff will complete a **'Record of Administering Medicine to an Individual Child'** form (see Appendix 1) every time they administer medicine to each child.

3.13 Staff with a child with medical needs in their class or group are informed about the nature of the condition and when and where they may need extra attention.

3.14 Large volumes of medicines will not be stored. Medicines will be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration before accepting it.

3.15 A few medicines may need to be refrigerated. If they are kept in a refrigerator containing food (required to be administered with medication), the medicines will be kept in an airtight container and clearly labelled. There is restricted access to the refrigerator holding medicines.

3.16 A school nurse or the district pharmacist can advise on the design and position of safe storage of medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the lifespan of certain medicines.

3.17 Children will know where their own medicines are being stored. All emergency medicines, i.e. asthma inhalers and adrenalin pens are readily available to the child and are not locked away. They are kept in the young person's classroom. Each class has a box for medicines such as inhalers, which are taken out for P.E. and school sport. Epi-pens, Jext pens and any other emergency adrenalin pens should be placed in orange bags which are kept on the person of the child at break and lunch times.

3.18 We keep written records each time medicines are given and staff should complete and sign this record (Appendix 1). Good records help demonstrate that staff have followed the agreed procedures. Staff should review expiry dates of medication and notify parents/carers when further supplies are required.

In early years' settings such records must be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

3.19 It is important to have sufficient information about the medical condition of any young person with long-term medical needs. We need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful to develop a written Individual Health Care Plan (IHCP) for such a young person, involving the parents and relevant health professionals. Such plans would include the following:

• Details of the young person's condition
• Special requirements i.e. dietary needs/pre-activity precautions
• Any side effects of the medicines
• What constitutes an emergency?
• What action to take in an emergency
• Who to contact in an emergency
• The role staff can play
(See Appendix 2 for an example Health Care Plan)

Self-Management of medicines:
3.20 It is good practice to support and encourage young people who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this

transition should be made. Health professionals need to assess, with parents and young person, the appropriate time to make this transition. This should be recorded in the young person's Health Care Plan. If the young person can take their own medicine themselves, staff would need to supervise the procedure and complete the appropriate documentation as detailed previously.

3.21 Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for the school to look after a controlled drug during school hours, where it is agreed that it will be administered to the young person for whom it is prescribed. We keep controlled drugs in a lockable non-portable container and only named staff will have access to it. We keep written records each time the controlled drug is administered to the child and staff should complete and sign this record (Appendix 1 – Record of Administering Medicines to an Individual Child).

Disposal of Medicines:
3.22 All medicines, including controlled drugs, should be returned to the parent/carer when no longer required for them to arrange for safe disposal. If parents/carers do not collect all medicines they are taken to a local pharmacy for safe disposal.

Emergency Procedures:
3.23 Applecroft has arrangements in place for dealing with emergency situations. This is part of the school's First Aid procedures. Individual Health Care Plans include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a Midday Supervisory Assistant needs to be very clear of their role.

Educational School Visits and Outings:
3.24 Applecroft makes reasonable adjustments to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments and cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the child's medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan must be available during the visit and could be beneficial in the event of an emergency. If staff are concerned about whether they can provide for a young person's safety, or the safety of others on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant as part of the risk assessment.

<u>4) Circumstances requiring special consideration:</u>
4.1 Whilst the administration of all medicines requires caution, there are certain circumstances, which require special attention before accepting responsibility for administering medicine when the parents/carers are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

4.2 In such exceptional circumstances the Headteacher is advised to consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The

Headteacher is advised to seek advice from the consultant community paediatrician, G.P or school doctor. Appendix 1 should be completed for the administration for such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff.

The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

5) Invasive Procedures:

5.1 Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. School Nurse, or Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures are followed.

5.2 Where it is known in advance that a young person may be vulnerable to life-threatening circumstances we have in place an agreed Health Care Plan. This includes the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

5.3 Whether or not the Headteacher agrees to administer medication or other treatment, the school has an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

6) Guidance for Teachers on Parental Consent for Medical Treatment:

6.1 In general, a competent young person may give consent to any surgical, medical or dental treatment. For younger pupils, parental consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff needs to administer medical treatment to a young person belonging to a religious body, which repudiates medical treatment. Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent might be unavailable. Parents who have specific beliefs, which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

6.2 If a young person is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey as appropriate safeguards cannot be guaranteed.

6.3 If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/carer then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

7) Common Conditions and Practical Advice:

7.1 The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma:

7.2 Asthma is common; one in eleven young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

7.3 Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore, staff in EYFS / KS1, who have such children in their classes must know how to identify when symptoms are getting worse and what to do when this happens. This is supported by written asthma plans, individual Health Care Plans and training and support for staff where appropriate.

7.4 There are two main types of medicines to treat asthma, relievers and preventers:
Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties. Preventers (brown, red, orange or green inhalers) are taken daily to make airways less sensitive to the triggers.

Usually preventers are used out of school hours. Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

7.5 Emergency Asthma Inhalers
Schools are able to voluntarily hold Salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable. Written parental consent for the use of an emergency inhaler must still be obtained. As with other emergency medication this must not be locked away but should be under the control of staff.

Epilepsy:

7.6 Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

7.7 Seizures can take many different forms. Parents / Carers and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

7.8 If a young person experiences a seizure in school, the following details should be recorded and relayed to the parents/ carers.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e. limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

7.9 After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

7.10 Most young people with epilepsy take anti–epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the change of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

7.11 During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect them during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and accompanied until fully recovered. An ambulance should always be called. Emergency procedures should be detailed in the Health Care Plan.

Diabetes:
7.12 There are over 22,000 people under the age of 17 in England with diabetes. 97% have Type 1, 1.5% have Type 2 and 1.5% have another type of diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

7.13 Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

7.14 Diabetes is mainly controlled by insulin injections with younger children a twice daily injection regime of longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

7.15 Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Health care professionals will provide appropriate training for staff.

7.16 Young people with diabetes need to be allowed to eat regularly during the day i.e. eating snacks during class time or prior to exercise. Staff in charge of physical education or other

physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

7.17 The following symptoms, individually or combined, may be signs of low blood sugar – a hypoglycaemic reaction: i.e. hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience hyperglycaemic (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis:
7.18 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e. kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

7.19 The most severe form of allergic reaction is anaphylactic shock, where the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat, which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

7.20 The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available via prescription. Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. Adults who have had appropriate training can only administer adrenaline injections. An ambulance should always be called.

7.21 Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back.

7.22 Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

7.23 Parents/carers may often ask for the Headteacher to exclude food from the premises to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

7.24 Anaphylaxis is manageable. With sound precautionary measures and support from staff, school life may continue as normal for all concerned.

8) Guidance and procedures on the use of the schools spare adrenaline auto-injector:

8.1 Schools may administer their "spare" adrenaline auto-injector (AAI) in emergency situations only, and then only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been approved.

8.2 Any AAI's held by the school will be considered as spare/back-up devices and not as a replacement for a pupil's own AAI(s).

8.3 The school's spare AAI should only be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

8.4 Spare AAI's are stored securely in the finance office in a marked red first aid bag – "emergency anaphylaxis kit". The kit contains two AAI's (clearly labelled for emergency use ONLY), full instructions on how to use the device, a list of pupils to whom the AAI can be administered and an administration record.

8.5 The emergency anaphylaxis kit is maintained by the school's first aiders at work, who are also responsible for the safe disposal of any used AAI's.

8.6 All staff trained in the use of AAI's are able to administer the spare (emergency) AAI. Should the spare AAI be required, staff are to either contact staff in the finance office or send a member of staff to collect the emergency anaphylaxis kit.

9) Guidance and procedures on the use of the schools emergency/spare Salbutamol inhaler:

9.1 Schools may only administer their "spare" Salbutamol inhaler to children for whom written parental consent for use of the emergency inhaler has been given and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

9.2 The emergency inhaler held by the school will be considered as a spare/back-up device and not as a replacement for a pupil's own inhaler.

9.3 The emergency inhaler should only be administered to a pupil whose own prescribed inhaler is not available (e.g. broken or empty).

9.4 The emergency inhaler is stored securely in the finance office in a marked red first aid bag – "emergency inhaler kit". The kit contains one inhaler (clearly labelled for emergency use ONLY), full instructions on how to use the device, a list of pupils to whom the inhaler can be administered and an administration record.

9.5 The emergency inhaler kit is maintained by the school's first aiders at work, who are also responsible for the safe disposal of any used device.

9.6 Should the spare AAI be required, staff are to either contact staff in the finance office or send a member of staff to collect the emergency inhaler kit.

Responsibility for all administration of medicines at Applecroft School is held by the staff who work in the Administrative Offices and our First Aiders at Work Odette Coe and Gill Williams.

It is our policy to ensure that all medical information will be treated confidentially. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Applecroft School

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
Medicine				
Name/type of medicine *(as described on the container)*				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy				
Contact Details				
Name of Parent/Carer				
Daytime telephone no. of parent/carer				
Home Address				

Name of GP and Practice	
Phone number of GP	
I understand that I must deliver the medicine personally to	[Agreed member of staff]

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

Signature(s)_________________ Date ___________________________

Use of the school's emergency inhaler or adrenaline auto-injector

The school holds, for emergency use only, a spare salbutamol inhaler and a spare Jext adrenaline auto-injector.

The spare salbutamol inhaler can only be administered to children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The school's spare AAI can only be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

For the school to administer either the spare inhaler or AAI to a child already in receipt of prescribed medication we require written parental consent.

	YES	NO
I give consent for the school to use the spare salbutamol inhaler		
I give consent for the school to use the spare Jext AAI		

Signature(s) _______________________ Date _________________________________

Record of Medication Administered to an Individual Child

Date:				
Time given:				
Dose given:				
Name of staff:				
Staff signature:				

Date:				
Time given:				
Dose given:				
Name of staff:				
Staff signature:				

Date:				
Time given:				
Dose given:				
Name of staff:				
Staff signature:				

Date:				
Time given:				
Dose given:				
Name of staff:				
Staff signature:				

Applecroft School Appendix 2

Individual Healthcare Plan for a Pupil with Medical Needs

Name:	Photo
Date of birth:	
Condition:	
Class:	
Family Contact 1:	Family Contact 2:
Name:	Name:
Relationship to Child:	Relationship to Child:
Phone Number: Work: Home: Mobile:	Phone Number: Work: Home: Mobile:

Name of medication	
Dose and method of administration	
Administered by who:	
When to be taken	
Side effects	

Describe condition/medical needs: (give details of pupil's individual symptoms, triggers, signs, treatment, facilities, equipment or devices, environmental issues etc.)	
Daily care requirements: (e.g. before sport/at lunchtime)	
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:	
Follow up care:	
Who is responsible in an Emergency: (state if different on off-site activities)	
Plan developed with:	
Form copied to:	
Date HCP written:	Review date: