



## NIGHTINGALE PRIMARY SCHOOL

### SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Nightingale Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed annually and it is readily accessible to parents and school staff.

#### **POLICY IMPLEMENTATION**

The named person, who has overall responsibility for policy implementation, is the Headteacher. They will oversee a staffing structure (see Appendix A) with clear lines of responsibility that will:

- ensure that sufficient staff are suitably trained
- ensure that all relevant staff will be made aware of the child's condition
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- brief supply teachers
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable
- monitor individual healthcare plans

## **Procedure to be followed when notification is received that a pupil has a medical condition**

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

## **Individual healthcare plans**

It is parents' responsibility to notify the school that their child has a medical condition. This should be done at the time of registration for a place or through the SIMS Lite parent app for any new diagnosis. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP (see Appendix B) requires information about:

- **the medical condition, its triggers, signs, symptoms and treatments**
- **the pupil's resulting needs**, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons. If applicable a Vulnerable Person risk assessment will be completed. (see Appendix C)
- **specific support for the pupil's educational, social and emotional needs** - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- **the level of support** needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- **who in the school needs to be aware** of the child's condition and the support required

- **written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments (to include notes on who is deemed responsible for administration of medicines on school trips)
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

### **Roles and Responsibilities**

At our school those people involved in arrangements to support pupils at school with medical conditions can be found in Appendix A which shows the staffing structure with roles and responsibilities.

### **Staff Training and Support**

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see Appendix D, Training Record and First Aid Log). Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training. The level of training required for school staff will be verified by health care professionals (if appropriate). No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

All staff will sign a record sheet confirming they have read this policy. Governors will monitor as part of monitoring cycle.

### **The Child's Role in Managing their own Medical Needs**

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## Managing Medicines on School Premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent. For the administration of non-prescription medicines, verbal permission will be obtained in addition to written consent before administration
- we will never give medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken
- parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they:
  - **are in-date**
  - **are labelled**
  - **are provided in the original container as dispensed by a pharmacist**
  - **include instructions for administration, dosage and storage.** *(NB the exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.)*
- All medicines will be stored safely
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. **Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips**
- 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
- Controlled drugs will be stored in the safe and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held
- School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions

- **We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school**

Forms to be completed before giving medication include:

- Medicine Consent Form - Appendix E
- Administration of Medicine and Treatment Consent Form - Appendix F
- Ad-hoc Medicine Permission Form - Appendix G
- Medication Tracking Form - Appendix H
- Administration of School Medicines - Appendix I

### **Non-Prescribed Medicines**

At our school we will administer non-prescription medicines. In addition to this the school will keep a stock of non-prescription medicines in the form of:

- Liquid paracetamol

### **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

### **Nut Free School**

We are a nut free school. We ask that all staff and children ensure any food brought into school does not contain nuts or traces of nuts.

### **Staff Medication**

All staff medication, including paracetamol and ibuprofen, should be kept in a locked cabinet in the first aid room; with the exception of inhalers and injector pens which should be kept in the red medical bag in the classroom.

## **Record keeping**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## **Non-Emergency Procedures**

If a child becomes ill during the school day they will be sent to see a member of the office staff (or designated adult). Children will be given an 'Office Card' by the class teacher or a 'First Aid Card' by lunchtime staff. All pupils in EYFS and KS1 will be accompanied by an adult (when in class) or an Eagle (at lunch time). KS2 will be accompanied by a responsible peer. Visits to the first aid room will be recorded on the child's record card.

The parent of any child with an Individual Healthcare Plan visiting the office or the first aid room will be contacted. In all other cases, parents will be notified by a 'Treatment Note' home if first aid has been administered and a phone call home if on-going monitoring or treatment is required.

The 'Treatment Note' will be given to the class teacher to be given to the parent at the end of the day. Where a child is not collected from school a phone call home will be made by the class teacher to ensure the slip has been received.

## **Emergency procedures**

Our school's policy sets out what should happen in an emergency situation.

If an ambulance needs to be called:

- Where possible use a mobile phone when dialling 999
- Give the operator as much information as possible about the child (personal details including full name; DOB etc) and their injury
- Tell the operator not to use the school postcode for satnav
- Ask an adult to open the gate, meet the ambulance and take them directly to the child
- Ask the office to phone the parent advising them that an ambulance has been called for their child
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance

If medicines are administered incorrectly:

- Record the dosage; medication given; time given
- Seek medical advice if appropriate
- Inform the parent
- Investigation by member of SLT who has completed the Accident and Investigation training

### **Day Trips, Residential Visits and Sporting Activities**

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The class teacher will take the red medical bag when the class are on the field and when going on a school trip.

### **Unacceptable Practice**

As a school we believe it to be unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- 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 (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- **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**
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

### **Liability and indemnity**

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

### **Complaints**

If you have a complaint about how your child's medical condition is being supported in school, please contact the Headteacher in the first instance.

If your complaint has not been resolved satisfactorily, please refer to our Complaints Policy which can be found on the school website at [www.nightingale.hants.sch.uk](http://www.nightingale.hants.sch.uk)

**Date of Policy Approval:** Autumn Term, 2020

**Date of Next Review:** Autumn Term, 2023

## Appendix A - Staffing Structure

Hannah Beckett - Headteacher



Sarah Wyatt - Admin Manager



Tina Doyle - Senior Admin Assistant  
Charlotte Burman - Admin Assistant  
Rachel Goodleff - Senior Admin Assistant

### Admin Manager:

- Responsible for staff training (ensuring school is compliant with LA guidance)
- Ensure staff are aware of a child's condition
- Cycle of monitoring HCP's

### Admin Assistant:

- Responsible for day to day administration and dispensing of medicine
- First port of call for children who are taken poorly during the school day

The Sendco and Admin Manager will liaise with regard to pupils with a physical need and ensure a Vulnerable Person Risk Assessment is completed. It is the Sendco's role to complete the Risk Assessment and the Admin Manager's responsibility to ensure it is completed and distributed to the relevant staff members and held in pupil records

## Appendix B - IHP Template

Name of School

Nightingale Primary School

Child's Name

Class

Date of Birth

Child's Address

Medical Diagnosis or Condition

Date

Review date

### Family Contact Information

Name

Phone Number (work)

(Home)

(Mobile)

Name

Relationship to child

Phone Number (work)

(Home)

(Mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

## Appendix C – Vulnerable Person Risk Assessment

### CHILDREN'S SERVICES RISK ASSESSMENT TEMPLATE FORM RATF-019

#### Vulnerable Person Risk Assessment

*(replace with more accurate title of risk assessment if required)*

To be completed in all instances wherever a vulnerable person, whether child or adult, is using the premises, in order that additional risks are adequately considered and appropriate control measures implemented. The risk assessment is to be carried out in accordance with the Safety Guidance Procedure SGP 01/07 (Risk Assessment) and using **Guidance Notes** below.

<b>Location / Site</b>	Insert location where vulnerable person identified
<b>Name / Vulnerability reason</b>	Insert name of vulnerable person & nature of vulnerability
<b>Assessment date</b>	Insert date when assessment is being carried out
<b>Assessment serial number</b>	Insert local serial/identification number for future reference

<b>Common hazards</b>	Use the following list to identify hazards that are present – add site specific detail about type/location of each hazard
Vulnerability due to age (eg. very young, elderly, inexperienced, frail)	
Vulnerability due to disability (eg. hearing, visual or mobility impairment)	
Vulnerability due to ill-health (eg. diabetes, allergies, respiratory disorder)	
Vulnerability due to pregnancy or being a new or breastfeeding mother	
Vulnerability as a result of returning to work following ill-health or surgery	
Communicable diseases (eg. higher susceptibility due to vulnerability)	
Poor environmental conditions (eg. dusty areas or hot/cold temperatures)	
Hazardous substances (eg. powder, dust, cleaning materials, chemicals)	
Moving & handling (eg. heavy or bulky items or A4 paper boxes)	
Hazardous activities (eg. stepladder use, when lone working, night work)	
Physical activities (eg. prolonged standing or sitting or poor workstation)	
Stress (eg. work related or vulnerability/illness related)	

Working patterns & working hours (eg. long hours, shift work, night work)
Access or egress to/from place of work following injury or return to work

<b>Identify additional hazards</b>	Record all other hazards that are specific to this person

<b>Identify people at risk</b>	Circle boxes where persons may be affected by hazards	
<b>Vulnerable person(s)</b>	<b>YES</b>	<b>NO</b>
<b>Other employees</b>	<b>YES</b>	<b>NO</b>
<b>Visitors</b>	<b>YES</b>	<b>NO</b>
<b>Contractors</b>	<b>YES</b>	<b>NO</b>
<b>Pupils</b>	<b>YES</b>	<b>NO</b>

<b>Existing level of risk</b>	Consider current level of risk		
<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>	<b>NEGLIGIBLE</b>

<b>Common control measures</b>	Use the following list to identify controls that are required – add site specific detail about type/location of each control
Carry out RATF-018 (New & Expectant Mothers Risk Assessment) (as appropriate)	
Complete CSAF-012 or CSAF-018 (Personal Emergency Evacuation Plan) (as appropriate)	
Relocation of work area away from detrimental environmental conditions	
Review access to work area (eg. climbing stairs, sitting at workstation)	
Review physical activities (eg. reduce or eliminate specific physical tasks)	
Review workstation/VDU assessment (eg. adapt local conditions)	
Review & change work patterns & working hours (as appropriate)	
Ensure taking of rest breaks & consider adding or extending breaks	
Appropriate provision of information of cases of communicable diseases	
Review COSHH assessments to address more vulnerable status	
Discuss accessibility issues with vulnerable person & Access Team	
Review of lone working procedures to address more vulnerable status	

Review moving & handling currently undertaken & address as necessary
Review involvement with non-routine or more hazardous activities
Monitor potential work related stress & discuss as appropriate/necessary
Review work practices which involve work at height (eg. stepladders use)
Discuss & review medical/first aid/treatment requirements (as necessary)
Discuss & review specific areas of concern that may require addressing
Regular meetings to continuously review arrangements (as appropriate)
Documented agreed changes (eg. use <b>Changes Agreed Form</b> below)

<b>Additional control measures</b>	List any other control measures that you are going to use

<b>Remaining level of risk</b>	Consider level of risk following use of control measures		
<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>	<b>NEGLIGIBLE</b>

<b>Assessor's comments</b>	Insert comments relevant to findings as appropriate

<b>Name of assessor</b>	<b>Signature of assessor</b>	<b>Date</b>

<b>Manager's comments</b>	Insert comments relevant to assessment as appropriate

<b>Name of manager</b>	<b>Signature of manager</b>	<b>Date</b>

<b>Risk assessment reviews</b>	Set future review dates & sign/comment upon completion
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<b>Review date</b>	<b>Reviewed by</b>	<b>Reviewer signature</b>	<b>Remarks</b>

**CHANGES AGREED FORM**

**(As part of the Vulnerable Person Risk Assessment)**

**Name of employee:**

.....

**Manager involved with risk assessment:**

.....

**Date of initial risk assessment:** .....

**Changes agreed at initial assessment**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Changes agreed during subsequent reviews**

**Date:** .....

.....  
.....  
.....

**Date:** .....

.....  
.....  
.....

## **Guidance Notes for Completion of the Vulnerable Person Risk Assessment**

### **Introduction**

Health and safety law requires assessment of the risks to vulnerable persons. Employers have to do what is reasonably practicable to control identified risks. The term 'vulnerable persons' covers employees who are *additionally* vulnerable or prone to harm or injury as a result of an individual condition or status such as: age (young or old), immaturity, inexperience, disability, ill-health, recent illness (including recent surgery or injury), allergic reactions, chronic health conditions or returning to work following absence for such a disorder or illness or injury.

It should be noted that new or expectant or breastfeeding mothers are also considered to be vulnerable persons but should not be considered during *this* risk assessment as new & expectant mothers are addressed and to be risk assessed using the New & Expectant Mothers Risk Assessment Template Form (RATF-018).

As the individual circumstances of a vulnerable person can vary, there is a need for an individual risk assessment to be undertaken locally by managers. Risk assessment is straightforward. It is simply a careful consideration of situations that could harm or injure people. The following guidance explains the process:

### **Stage 1**

Please consider and complete (with the vulnerable person) this **Vulnerable Person Risk Assessment Form (RATF-019)**, which identifies the more common hazards (ie. issues with the potential to cause harm) associated with vulnerable persons at work. Following your discussions, you may identify additional hazards not listed which will require addressing. Agree the most suitable and appropriate method of reducing all the identified hazards and document your agreed control measures. The included **Changes Agreed Form** (above) may be used as a means of recording the agreed control measures.

### **Stage 2**

The process in Stage 1 will need to be revisited:

As any vulnerability changes or progresses or if concerns are raised

Where changes to work activities or conditions occur

Immediately upon return to work

Periodically for a period extending throughout the duration of the vulnerability

Continue to record your revised agreed methods of controlling any hazards.

### **Exceptional circumstances**

It is unlikely that exceptional circumstances will arise but if they do the following should be considered:

**If, after taking whatever preventative action is reasonable, there is still significant risk, which goes beyond the level of risk to be expected outside the workplace, then the following steps must be taken to remove the employee from that risk:**

**Action 1** – Implement temporary or long-term adjustment of working conditions or hours of work

**Action 2** – If that is not feasible or will not avoid the risk, consider offering alternative work

### **Further guidance**

Please contact the Children's Services Health & Safety Team if you need further guidance.

## Appendix D - Training Record and First Aid Log (Sept 2019 to Jan 2021)

### Staff Training Record for Medicine Administration & Treatment

**Medicine administration or treatment procedure for which staff training is being provided**

The following staff have a 'Supporting Pupils at School with Medical Conditions' certificate and are able to give both prescribed and non-prescribed medicine to children in school.

Name	Qualification	Certificate valid until:
Tina Doyle	Supporting Pupils at School with Medical Conditions	22 <sup>nd</sup> September 2019
Charlotte Burman	Supporting Pupils at School with Medical Conditions	15 <sup>th</sup> November 2021

**I understand the procedure and feel confident to carry out the procedure unsupervised.**

Date	Name	Designation	Signature
	Tina Doyle	Senior Admin Assistant	
	Charlotte Burman	Admin Manager	

## Staff Training Record for Epi-pen Administration & Treatment

**Medicine administration or treatment procedure for which staff training is being provided:**

The following staff have completed a schools first aid course that included epi-pen administration.

Name	Qualification	Certificate valid until:
Debbie Sneader Lunchtime Supervisor	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Joanne Coleman Teacher/LSA	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Kim Davis LSA	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Lauren Trumble Teacher	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Lisa Talbot LSA	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Louise Webster LSA	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Mel Lever Teacher	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019
Mollie Anderson Teacher	Schools First Aid Course (including epi-pen administration)	18 <sup>th</sup> October 2019

**I understand the procedure and feel confident to carry out the procedure unsupervised**

Date	Name	Designation	Signature
	Debbie Sneader	Lunchtime Supervisor	
	Jo Coleman	Teacher/LSA	
	Kim Davis	LSA	
	Lauren Trumble	Teacher	
	Lisa Talbot	LSA	
	Louise Webster	LSA	
	Mel Lever	Teacher	
	Mollie Anderson	Teacher	

## Appendix D - Training Record and First Aid Log (from January 2021)

Name of school/setting	Nightingale Primary School
Name	Hampshire First Aid – Ben Carter
Type of training received	emergency paediatric first aid
Date of training completed	4th January 2021
Training provided by	Ben Carter
Profession and title	Instructor – First Aid Hampshire

I confirm that the following members of Staff have received the training detailed above and are competent to carry out any necessary treatment.

Trainers Signature \_\_\_\_\_

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

Name	Staff signature	Date
Nikki Skinner		
Sarah Wyatt		
Charlotte Burman		
Tina Doyle		
Mandy Windsor		
Natazia Piotrowki		
Hannah Cook		
Hayley Blackford		
Marie Gingham		
Tracey Johnson-Hester		
Rachel Goodleff		
Julie Wiltshire		

## Staff Training Record for Epi-pen Administration & Treatment

**Medicine administration or treatment procedure for which staff training is being provided:**

The following staff have completed a schools first aid course that included epi-pen administration.

Name	Qualification	Certificate valid until:
Nikki Skinner	emergency paediatric first aid	
Sarah Wyatt	emergency paediatric first aid	
Charlotte Burman*	emergency paediatric first aid	
Tina Doyle	emergency paediatric first aid	
Mandy Windsor	emergency paediatric first aid	
Natazia Piotrowki	emergency paediatric first aid	
Hannah Cook	emergency paediatric first aid	
Hayley Blackford	emergency paediatric first aid	
Marie Gingham	emergency paediatric first aid	
Tracey Johnson-Hester*	emergency paediatric first aid	
Rachel Goodleff*	emergency paediatric first aid	
Julie Wiltshire*	emergency paediatric first aid	

\* completed Paediatric First Aid Level three (2 day course)

**I understand the procedure and feel confident to carry out the procedure unsupervised**

Date	Name	Signature
04.01.2021	Nikki Skinner	
04.01.2021	Sarah Wyatt	
04.01.2021	Charlotte Burman	
04.01.2021	Tina Doyle	
04.01.2021	Mandy Windsor	
04.01.2021	Natazia Piotrowki	
04.01.2021	Hannah Cook	
04.01.2021	Hayley Blackford	
04.01.2021	Marie Gingham	
04.01.2021	Tracey Johnson-Hester	
04.01.2021	Rachel Goodleff	
04.01.2021	Julie Wiltshire	

## Appendix E – Medicine Consent Form

### Non-Prescribed Medication

I would be grateful if you would complete this form indicating whether or not you give your consent for the appropriately trained staff to administer medication to your child should it be needed (eg headache, mild hay fever etc).

Child's Full Name: .....

Class: .....

DOB: ...../...../.....

School can provide pain relief in the form of liquid paracetamol and allergy relief in the form of non-drowsy antihistamine liquid.

- I give consent for the school to administer the medication indicated above in a dose that is age appropriate as advised on the label. I understand that the school will telephone me prior to giving my child any medication.
  
- I do not want my child to be given non-prescribed medicine in school.

**Without your written consent we will not be able to administer medication.**

Signature: .....

Print Name: .....

Parent/Carer with parental responsibility

Date: .....

**THIS FORM WILL BE USED THROUGHOUT THE SCHOOL LIFE OF YOUR CHILD. IT IS THEREFORE IMPORTANT THAT YOU ADVISE US OF ANY CHANGES TO YOUR CHILD'S MEDICAL STATUS.**

**Appendix F**

**Administration of Medicines and  
Treatment Consent Form  
Nightingale Primary School**

Child's Name:	DOB: ...../...../.....
Class:	Male/Female

Parents Contact Telephone Number	
Mobile Number (if different)	

Please tick the appropriate box:

My child will be responsible for the self-administration of medicine as directed below.	
I agree to members of staff, who have been appropriately trained, administering medicine/providing treatment as directed below.	

I recognise that staff are not medically trained.

Signature: .....

Print Name: ..... (Parent/Carer with parental responsibility)

Date: .....

Name of Medicine	Required Dose	Time to be given	Duration to be given	Expiry Date

Any special instructions: .....

.....

Any allergies or other prescribed medication: .....

.....

Medicine signed in by: ..... Date: .....

Medicine collected by: ..... Date: .....



**Appendix G - Ad-hoc Medicine Consent Form**

File Copy

Please can you give the following medicine:

Child's Name: ..... Class: .....

Name of parent contacted: .....

Time of call to parent: .....

Reason for medication: .....

Medicine: .....

Dose: 5ml / 7.5ml / 10ml / Age appropriate

Parent contacted by TD / RG / SW / CB

Medicine given - signature .....

Time: ..... Date: .....

Parent's copy

We have given the following medicine to your child today:

Child's Name: ..... Class: .....

Medicine given: .....

Time medicine given: ..... am/pm

Dose: 5ml / 7.5ml / 10ml / Other .....

Medicine given by:

Name: .....

Signature: .....

Date: .....

**Appendix H - Nightingale Primary School - MEDICATION TRACKING FORM**

Date	Child's Name	Class	Medication	Dosage	Time to be Given	Medicine Received By (Initials)	Special Instructions
Monday							
Tuesday							
Weds							
Thurs							
Friday							

