

# Managing Medicines in Schools and Settings

## *Wakefield Local Authority Guidance*

### A. Introduction

**A.1 The following guidance and model policy draws directly on advice contained within DfES publication '*Managing Medicines in Schools and Early Years Settings*': DfES/Department of Health 2005 Ref 1448-2005 DCL-EN. The policy was developed by the Health and Education Working Party with advice from specialist nursing teams.**

A.2 The DfES publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance *Supporting Pupils with Medical Needs: a Good Practice Guide*, and circular 14/96 *Supporting Schools with Medical Needs in School*, which were published in 1996.

*Medical Conditions at School: A Policy Resource Pack* has been compiled by the Medical Conditions at School Group to compliment the Department guidance *Managing Medicines in Schools and Early Years Settings*.

A.3 The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

A.4 The document should be regarded as an essential reference point when schools and settings are dealing with issues which may not be directly covered in their own policy. However, schools and settings must have in place their own policies regarding managing medicines.

[Copies are available from DfE Website.](#)

A.5 References to 'schools' should be taken to include extended school provision, where this is in place.

A.6. The guidance also reflects the provisions of the Equalities Act 2010 with regard to long term medical conditions such as diabetes, epilepsy etc.

## **B. Children with Medical Needs**

Children and young people are all individuals and as such any policy must be applied with regard to the individual's beliefs, wishes, experience, and ability. Staff should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into the way in which they work with them.

Children with medical needs have the same rights of admission to a school or setting as other children.

As all medicines are potentially harmful it is important that staff who provide care are confident about their role in medicine management. This document intends to clarify for staff working in schools and setting the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

## **C. Access to Education and Associated Services**

C1 Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

C2 Under the provisions of the Equality Act 2010, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children, including those with medical needs at different levels of school life; and for the individual disabled child, in their practices and procedures and in their policies. Discrimination can be direct, indirect or by association. For example, refusing to allow a child to attend a trip because there is no one to administer medication for a condition such as diabetes would be direct discrimination. If the child had a sibling who was also then not allowed to attend this would be discrimination by association. Indirect discrimination occurs when you apply a provision, criterion or practice to all pupils or a particular pupil group eg a reception class that

disadvantages a pupil with a protected characteristic. For example, a school rule forbidding eating in class could disadvantage a child with diabetes or cystic fibrosis who is required to eat throughout the day.

C.3 Schools are also under a duty to plan strategically to increase access, over time, for disabled children, including those with medical needs.

C.4 Like schools, early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision covered should be making reasonable adjustments for disabled children, including those with medical needs.

C.5 The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

- Setting suitable learning challenges
- Responding to pupils' diverse needs
- Overcoming potential barriers to learning

C.6 If schools or settings encounter difficulties in making adjustments to accommodate children with medical needs, advice may be sought from the Local Authority.

## **D. Support for Children with Medical Needs**

D.1 Parents/carers have the prime responsibility for their child's health and should provide schools and settings with *detailed* information about their child's medical condition.

D.2 *There is no legal duty that requires school or setting staff to administer medicines except in the case of D3 below.* Schools will try to ensure that they have sufficient members of support staff who volunteer and who are appropriately trained to manage medicines.

D3. *Anyone caring for children including teachers, other school staff and day care staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips. (p35 DfES Guidance).*

D.3 Regarding non-maintained early years settings, the registered person has to arrange who will administer medicines within a setting.

D.4 Employees of this Local Authority who are not medical healthcare professionals will be supported by their school/setting and the Local Authority in carrying out specified duties, and covered by the Local Authority's insurance arrangements in the circumstances listed in Appendix 1, provided that they follow this policy, act in good faith and act in accordance with their training.

D.5 Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals. *They will be made aware of the correct procedures to follow in administering medicines, and procedures in the event of the child not reacting in the expected way.*

## **E. Home to School Transport**

E.1 The Local Authority has a duty to ensure that pupils are safe during journeys. Trained escorts should be provided if considered necessary.

E.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is voluntarily agreed that a driver or escort will administer medicines (i.e. in an emergency), they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

E.3 Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. Advice should be sought from the pupil's school, and input will be needed from parents/carers and the responsible medical practitioner. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

E.4 Wakefield offers basic first aid training to all escorts. Escorts are also trained to support some pupils with complex medical needs where appropriate. Wakefield operates a 999 policy where drivers call an ambulance or drive directly to hospital if less than 10 minutes away should a medical emergency arise rather than delay to administer medication themselves.

E.5 Some pupils are at risk of severe allergic reactions. Risks can be minimised by not permitting eating on vehicles, and Wakefield has a policy of not allowing eating or drinking on vehicles unless the child is diabetic and carries food or drink to consume to raise unexpected low blood sugar levels.

## **F. Developing Policies**

F.1 Employers, including Local Authorities and school governing bodies, must have a health and safety policy by law. Schools and settings should review existing health and safety policies in order to ensure that they incorporate the management of medicines and the support of children with medical needs.

F.2 The registered person in early years settings, which can legally be a management group rather than an individual, is responsible for the health and safety of children in their care. The legal framework for registered early years settings is derived from both health and safety legislation and the National Standards for regulation of daycare.

F.3 Settings outside the LA **must** take out Employers Liability Insurance to provide cover to staff acting within the scope of their employment. Employers should make sure that their insurance arrangements provide full cover in respect of these actions.

F.4 Head teachers and governors of schools may also want to ensure that policy and procedures are compatible and consistent with any registered day care (e.g. Out of School Club) operated by them or an external provider on the school premises.

F.5 Policies should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents/carers and staff should back up the policy.

F.6 A policy needs to be clear to all staff, parents/carers and children. It could be included in the prospectus, or in other information for parents/carers.

F.7 In addition to a general Medicine in Schools Policy Headteachers may also seek to draw up specific policies for long term medical conditions. Charities and organisations such as Asthma UK, Epilepsy Action and Diabetes UK offer free downloadable model policies. A school, therefore, could create a Medicine's in Schools policy combining the policy and a number of additional policies relating to specific conditions with more specialist advice.



# *Medicines in School Policy*

*September 2024*

## **Aims which guide our policies and practice**

*As a school, we seek to promote shared moral and ethical values to unite both local and global interests which enable children to become global citizens. Our agreed school aims are:*

- To create a happy and stimulating learning environment, in which each child will develop to their full potential, thereby achieving high educational standards.*
- To develop self-awareness, self-respect and tolerance of others by developing an understanding of the world in which they live.*
- To appreciate human achievements and aspirations; develop aesthetic sensitivity and appreciation; physical ability and co-ordination and a concern for the safety of themselves and others.*
- To prepare children to live and work with others, enabling them to be responsible and caring members of the community.*
- To give children, at the end of their period of primary education, an appetite for acquiring further knowledge, experience and skills, so ensuring they are prepared for the challenges of the next stage in their education.*

*We ensure that all of our policies and practices are guided by these aims and we seek to ensure that they are at the forefront of all that we do.*

The following **Model Policy** is offered for incorporation, or as a basis for incorporating the management of medicines, into the Health and Safety policy of schools and settings in Wakefield. A **Flow-Chart** is provided in the annex, to assist in decision-making, alongside the Local Authority's Insurer's **schedule of approved activities**.

## Policy for Administration of Medication in Schools and Early Years Settings

### General Guidance:

- The Governors and staff at Dane Royd Junior and Infant School wish to ensure that pupils with medical needs receive care and support. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.
- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs i.e. finishing a course of medicine. Medicines should only be taken to school or settings when essential.  
(paras 25 – 28 Managing Medicines in Schools and Early Years Settings – MMSEYS).
- With regard to pupils with long term medical needs schools should ensure that they have sufficient information about the medical condition. A Health Care Plan may clarify for staff, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex health needs in schools and early years settings.
- Some children with medical needs are protected from discrimination under the Equality Act 2010. Schools and Early Years Settings must not discriminate against disabled pupils in relation to their access to education and associated services. (paras 8 – 12 MMSEYS)
- The Head Teacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day. (para 16 MMSEYS).



- Staff Indemnity Policy. The Wakefield MDC provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of parents and school as follows:

The Wakefield Metropolitan District Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is negligently given or where the administration is overlooked, in practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

- Staff who assist in the administration of medication *should/must* receive appropriate training/guidance where necessary identified by the Head Teacher in liaison with Health professionals.
- Unless otherwise indicated, all medication to be administered will be kept in a locked medicine cabinet.
- Information. Information and guidance on health related issues can be obtained from the school nurse. All staff should be aware of the difference between 'training' and 'instruction'.

**Prescribed Medication:**

- Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health. (paras 25 –28 MMSEYS).
- Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions (secondary dispensed). Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.
- Medicines can only be accepted in a school/setting where it has been prescribed by a doctor, dentist, nurse prescriber or pharmacist and include the prescriber's instructions for administration.

- Where the possible side effects of medicines have been communicated by the prescriber or pharmacist to a member of staff they must ensure that this information is shared with all staff and recorded in the child or young person's file and individual health care plan. If a member of staff notices side effects they must report this to their manager or senior officer on duty who will notify the prescriber and ask for advice. Information regarding side effects can also be obtained from the Patient Information Leaflet, which must be supplied with every medicine.
- Crushing of tablets (or opening of capsules unless specified) is not advocated, as it is an unlicensed use of the medication. If the patient is unable to take oral medication in the solid dosage form it should be referred back to the prescriber/pharmacist for amendment to a suitable liquid/soluble preparation.
- Medicines must not forcibly be given. This includes the crushing of tablets etc. into food or drinks in order to deceive. Where children and young people refuse to take medication that is essential to their health, a multi-disciplinary meeting must be held which must include the children and young person (where appropriate), the G.P., parents/persons with parental responsibility and representative (if applicable) to decide how to proceed. Any decision must be reached after assessing the care needs of the individual and the decision must be recorded in the individual health care plan. A written procedure must be developed that is specific to the child or young person.

#### **Non-Prescribed Medication:**

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. The Head Teacher **must** approve the administration of the medicine.
- Criteria in the National Standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as *Form 5 or 6 (MMSEYS appendix) or LEA proforma* and the parent informed.
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

## ***Administering Medicines***

Wakefield MDC schools and settings should incorporate managing the administration of medicines into their health and safety policy and fully adopt the guidance provided in Chapter 2: Role and Responsibilities provided in Managing Medicines Guidance.

**No child under 16 should be given medicine without their parent's written consent.**

- Any member of staff giving medicines should check:

Child's name

Prescribed dose

Expiry date

Written instructions provided by the prescriber on the label or container.

- Early years settings must keep written records each time medicines are given. All schools should also arrange for staff to complete and sign a record each time they give medicine to a child. (paras 42-44 MMSEYS).

Staff administering medication

The administering of medicines is a voluntary role, however schools should ensure they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. (paras 16, 17, 18 81 –85 and 89 – 90. MMSEYS)

### **Educational Visits:**

Schools should put in place procedures for managing prescription medicines on trips and outings. (paras 56-59 MMSEYS).

## ***Record Keeping***

Written details from the parent/carer should be kept by the Administration staff in the office. Parents should complete the appropriate parental Agreement form.

Record keeping forms are provided in appendix .... Such records can offer protection to staff and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The following details should be checked:

- Child's name
- Name of medication
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting.

### ***Safe Storage and disposal of medicines***

Where a school agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. (Detailed advice is provided in Chapter 3 MMSEYS).

### ***Emergency Procedures***

As part of the general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. (paras 115-116 MMSEYS).

### ***Risk Assessment and management procedures***

Schools and settings should ensure that risks to the health of others are properly controlled. This may involve undertaking individual risk assessments for pupils with long term medical needs. Schools and settings should be aware of the health and safety issues of dangerous substances and infection.

### ***Parental Responsibilities***

Parents have a prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents are responsible for making sure their child is well enough to attend school. Where a child is acutely unwell it is advised that the child be kept at home by the parent/carer.

(Detailed information regarding the parents and carers responsibilities can be found in paras 66-72 MMSEYS).

The school/setting will not give medicine unless a parent completes and signs the written agreement form (Appendix Form 3B). \*For early years setting prior permission is a mandatory requirement.

### ***Self Administration of Medication***

Whilst DfE guidelines state that it is good practice to encourage children and young people to take responsibility for the self administration of medication the LA view is that schools should give serious consideration to whether this is appropriate in all cases. Each case should be considered individually taking into account the age and needs of the child or young person. Schools should act as a "prudent parent" (Point D3 of LA Guidance, p35 DfE Guidelines) and should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The individual health care plan should detail arrangements for self administration of medication and the supervision for this.

All individual health care plans will identify whether and at what level child or young person requires help to take medicines as follows [the 3 A's]: -

- **Advise** – to ask the service user if they have taken their medication, and if not to advise them that this is what they need to do. Staff will not be responsible for ensuring service users take their medication, this remains with the service user.
- **Assist** - to help service users who are cognitively able to retain responsibility for management of their medicines but are not able to physically administer their medication. In these circumstances staff will physically assist the service user to take their medication **from the original container as instructed on the label.** Staff will not be responsible for ensuring that service users take or have taken their medication; this remains with the service user.
- **Administer** – where a service user is not able to maintain responsibility for managing their own medicines, staff will be responsible for ensuring that the service user receives the correct medication at the right time.

### **Staff Training**

- The Head Teacher or his/her representative will seek the advice of health care professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- Training for members of staff undertaking the administration of medicine is essential and advice and information from health colleagues should be sought.
- Training: can only be given by the Health Care professional authorised to assess the competence of the person being trained. This should be documented on the appropriate form (see example form for recording medical for staff). Examples of such procedures would include catheterisation, tube feeding, suction, rescue medication.
- Information/Instruction. Is the exchange of information needed to carry out basic personal care and hygiene procedures.

### **Health Care Plans**

- In order to ensure that all relevant information about the child's condition is available it is recommended that schools should complete an individual Health Care Plan as and whenever necessary. This should be in consultation with the school nursing service, parents and school staff. (Chapter 4 Drawing up a Health Care Plan paras 118 – 123 MMSEYS)

### ***Home to School Transport***

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport. (see Section E of Wakefield Local Authority Guidance, above).

- Prior to transport commencing, transport staff need to be fully briefed about the medical needs of pupils being transported. Briefing will be given by a nurse in school, or by another *appropriately informed* member of staff. In this school the briefing will be given by the senior administration officer with responsibility for medicines in school.
- There should be regular reviews of the situation, so that drivers and escorts have up-to-date information

Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

### **Key Issues**

1. The Head Teacher has a duty to arrange for all appropriate staff in the school to be briefed about (name of medical conditions) and about the contents of this document.
2. The school will safely store any necessary medication prescribed by a medical practitioner and to which the attached appropriate instructions for use are provided
3. The school will store any necessary equipment required to carry out procedure

4. The school will keep written records of medicines given to pupils. Forms 5 and 6 provide example record sheet.



## **ANNEX:**

### **A. Insurer's schedule of activities covered (p14)**

### **B. Forms (p15-30)**

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school/setting to administer medicine (short-term)
- Form 3B:** Parental agreement for school/setting to administer medicine (long-term)
- Form 4:** Headteacher/Head of setting agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for the administration of rectal diazepam
- Form 10:** Authorisation for the administration of buccal midazolam

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

### **C. Flow-chart for decision-making (p36)**

**A. Insurer's schedule of activities covered (next page)**

**PLEASE NOTE THAT WHILST THE ACTIVITIES BELOW FALL WITHIN THE SCOPE OF CURRENT INSURANCE COVER THIS ONLY APPLIES WHEN THE PROCEDURE IS ALSO SUPPORTED BY WMDC POLICIES & PROCEDURES.**

**TREATMENT TABLE**

<b>Activity/Treatment</b>	<b>Cover Available</b>
Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	Yes – following training and in accordance with written guidelines
Blood samples	Yes – but only by Glucometer following written guidelines
Buccal medazolam	Yes – following written guidelines
Bladder wash out	No
Catheters	Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Colostomy/Stoma care	Yes – following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	Yes – following written health care plan provided under the direction of a medical practitioner
Dressings	Yes – following written health care plan for both application and replacement of dressings
Defibrillators/First Aid only	Yes – following written instructions and appropriate documented training
Denture cleansing	Yes – following appropriate training
Ear syringe	No
Ear/Nose drops	Yes following written guidelines
Enema suppositories	No
Eye care	Yes – following written guidelines for persons unable to close eyes
First Aid	Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others
Gastronomy tube – Peg feeding	Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion
Hearing aids	Yes – for assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, and nebulisers	Yes – for both mechanical and held following written guidelines
Injections	Yes but only for the administering of a pre packaged dose on a regular basis pre prescribed by a medical practitioner and written guidelines
Medipens	Yes – following written guidelines with a preassembled epipen
Mouth toilet	Yes
Naso-gastric tube feeding	Yes following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medical practitioner.
Occupational therapy	No
Oral medication	Yes - subject to being pre-prescribed by a medical practitioner and written guidelines.

Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc

Similar consideration should be given when asked to administer "over the counter" medicines.

Oxygen – administration of	Yes – but only in respect of assisting user following written guidelines, i.e. applying a mask
Pessaries	No
Reiki	Yes
Physiotherapy	No
Pressure bandages	Yes – following written guidelines
Rectal medazalam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal diazepam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal Paraldehyde	No
Splints	Yes – as directed by a medical practitioner
Suction machine	No
Syringe drivers- programming of	No
Suppositories	No other than rectal diazepam and medazalam.
Swabs - External	Yes – following written guidelines
Swabs - Internal	No – other than oral following written guidelines
Toe nail cutting	Yes – following written guidelines
Tracheostomy	No – Cover is only available for cleaning around the edges of the tube only following written guidelines
Ventilators	Yes – following written guidelines

## **B. Forms**

### **FORM 1**

#### **Contacting Emergency Services**

##### **Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number  
01924303500
2. Give your location as follows  
Stoney Lane, Hall Green, Wakefield, WF4 3LZ
3. State that the postcode is  
WF4 3LZ
4. Give exact location in the school/setting  
School located 2<sup>nd</sup> left after the Coop, Edgemore Drive and right onto  
Moorside Drive.  
Or  
School located first right after the school layby
5. Give your name
6. Give name of child and a brief description of child's symptoms

- 7 *Give details of any medicines given or prescribed*
- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

**FORM 2**

**Health Care Plan (this should be regularly reviewed)**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Date	/ /
Review date	/ /

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
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Phone no.

**G.P.**

Name

Phone no.



Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

Follow up care

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

Form copied to

## FORM 3A

### Parental agreement for school/setting to administer medicine (short-term)

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

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

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date                      Signature(s)

## FORM 3B

### Parental agreement for school/setting to administer medicine (long-term)

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give ( <i>i.e. dose to be given</i> )	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of 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 and other authorised 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.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only*

Parent/carer's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**FORM 4**

**Head teacher/Head of setting agreement to administer medicine**

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date \_\_\_\_\_

Signed \_\_\_\_\_

*(The Head teacher/Head of setting/named member of staff)*

**FORM 5**

**Record of medicine administered to an individual child**

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

Staff signature \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

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

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

**Record of medicine administered to an individual child (Continued)**

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

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

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

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



# FORM 6

## Record of medicines administered to all children

Name of school/setting

Date Any reactions	Child's name Signature	Time Print name	Name of medicine	Dose given
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				



**FORM 7**

**Request for child to carry his/her own medicine**

This form must be completed by parent/carers/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Name of school/setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an Emergency	

**Contact Information**

Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

If more than one medicine is to be given a separate form should be completed for

**FORM 8**

**Staff training record – administration of medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## FORM 9

### Authorisation for the administration of rectal diazepam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

/ /

should be given rectal diazepam          mg.

If he has a \*prolonged epileptic seizure lasting over          minutes

**OR**

\*serial seizures lasting over          minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after          minutes.

**(\*please enter as appropriate)**

Doctor's signature \_\_\_\_\_

Parent/carer's signature \_\_\_\_\_

Date \_\_\_\_\_

The following staff have been trained:

Trainers name and post

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**

# FORM 10

## Authorisation for the administration of buccal midazolam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

/ /

should be given buccal midazolam          mg.

If he has a \*prolonged epileptic seizure lasting over          minutes

**OR**

\*serial seizures lasting over          minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after          minutes.

**(\*please enter as appropriate)**

Doctor's signature \_\_\_\_\_

Parent/carer's signature \_\_\_\_\_

Date \_\_\_\_\_

The following staff have been trained:

Trainers name and post

**NB: Authorisation for the administration of buccal midazolam**

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the midazolam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**

# ADMINISTRATION OF MEDICINES REQUIRED BY PUPILS ATTENDING DAY SCHOOL PROCESS FLOW CHART

