

# THE CHARTER SCHOOLS

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## EDUCATIONAL TRUST

### Policy for supporting children with medical conditions

<b>AUTHOR:</b>	Head of Compliance	<b>Date:</b> February 2022
<b>Approved by:</b>	CEO	
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## **Statement of Intent**

The Charter Schools Educational Trust (the 'Trust'), has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that the Trust's schools provide effective support for their children's medical conditions, and that pupils feel safe in their school's environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The Trust has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the Trust's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the respective school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

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## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

## 2. Legislation and statutory responsibilities

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Allergen and Anaphylaxis Policy
- Complaints and Concerns Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

## 3. Roles and responsibilities

**The Trust board is responsible for:**

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

**The Headteacher (read also Head of School) is responsible for**

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

**Parents are responsible for:**

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

**Pupils are responsible for:**

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

**School staff are responsible for:**

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

**The school nurse is responsible for:**

The Charter Schools Educational Trust has access to the external school nursing service which is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

**Clinical commissioning groups (CCGs) are responsible for:**

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

**Other healthcare professionals, including GPs and paediatricians, are responsible for:**

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

**The LA is responsible for:**

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

#### 4. Equal opportunities

The Trust is clear about the need to 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 schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

#### 5. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the Trust's schools or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child, or others, to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process, unless the application is being made under a social and medical need oversubscription criterion.

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

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in the IHPs section of this policy).

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at a school in The Charter Schools Educational Trust, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

#### 7. Individual Healthcare Plans (IHPs)

Many pupils with medical conditions will require an IHP which will help to ensure that each pupil's medical conditions are supported. The respective school, healthcare professionals and parents will agree based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

IHPs may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Trust board.

IHPs will be developed with the child's best interests in mind:

- IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption.
- IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHP/ will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

All IHPs will contain the following information:

The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resultant 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.
- Specific support for the pupil's educational, social and emotional needs – e.g. 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.
- Level of support needed including in emergencies. If a child is self-managing their medication this will 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.
- Cover arrangements for when the usual support person is unavailable.
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours. Parents will have a copy of the procedures to be followed when administering medicines.
- Separate 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.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- 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 IHP/EHCP).



Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHP/EHCPs will be easily accessible to all who need to refer to them while preserving confidentiality.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEN but does not have a Statement of special educational needs or an Education, Health and Care plan (EHCP), their SEND needs will be mentioned in their IHP.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix A.

A template for a pupil's healthcare plan is provided in Appendix B.

## 8. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out annually for all staff, and will be included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the school business manager (SBM) and provided by the following bodies:

- Commercial training provider(s)
- The school nurse
- Healthcare professionals
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The Trust Board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

## 9. Managing medicines in the Trust schools

In accordance with the Trust's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The Charter Schools Educational Trust holds emergency salbutamol inhalers for use only in extreme circumstances. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, or empty). The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## 10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The Trust's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Secondary school pupils who have prescribed AAI devices can keep their device in their possession.

Primary school pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office or designated medical room.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via phone or a two-way radio immediately. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified immediately that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

Further information relating to the Trust's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

## 11. Emergency situations

Pupils in the Trust schools will know to inform a member of staff immediately if they think help is needed. Staff will follow the Trust's procedures to contact emergency services if necessary.

Where a pupil has an IHP/EHCP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or, if an ambulance needs to be called, will accompany the pupil to hospital and stay until a parent arrives there.

The Charter Schools Educational Trust schools possesses automatic external defibrillators (AEDs) for emergency use and appropriate staff are trained to operate this equipment.

All staff members and pupils will be made aware of the AED's location(s) and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, relevant staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

In Primary schools, where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school's lead first aider/appointed person, who will also keep an up-to-date record of all checks and maintenance work.

## 12. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## 10. Unacceptable practice

It is considered as unacceptable to:

- Prevent pupils from easily accessing their inhalers and medication and from administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP/EHCP.
- Send a pupil with a medical condition to the medical room without being accompanied, or with someone unsuitable, if the situation is serious.
- Penalise pupils 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 toileting issues. (No parent should have to give up working because the school is failing to support their child's medical needs).
- Prevent pupils 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.

Staff may face disciplinary action if any such instances are brought to the attention of the Headteacher.

## 11. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Trust's complaints procedures, as outlined in the [Trust Complaints and Concerns Policy](#). If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

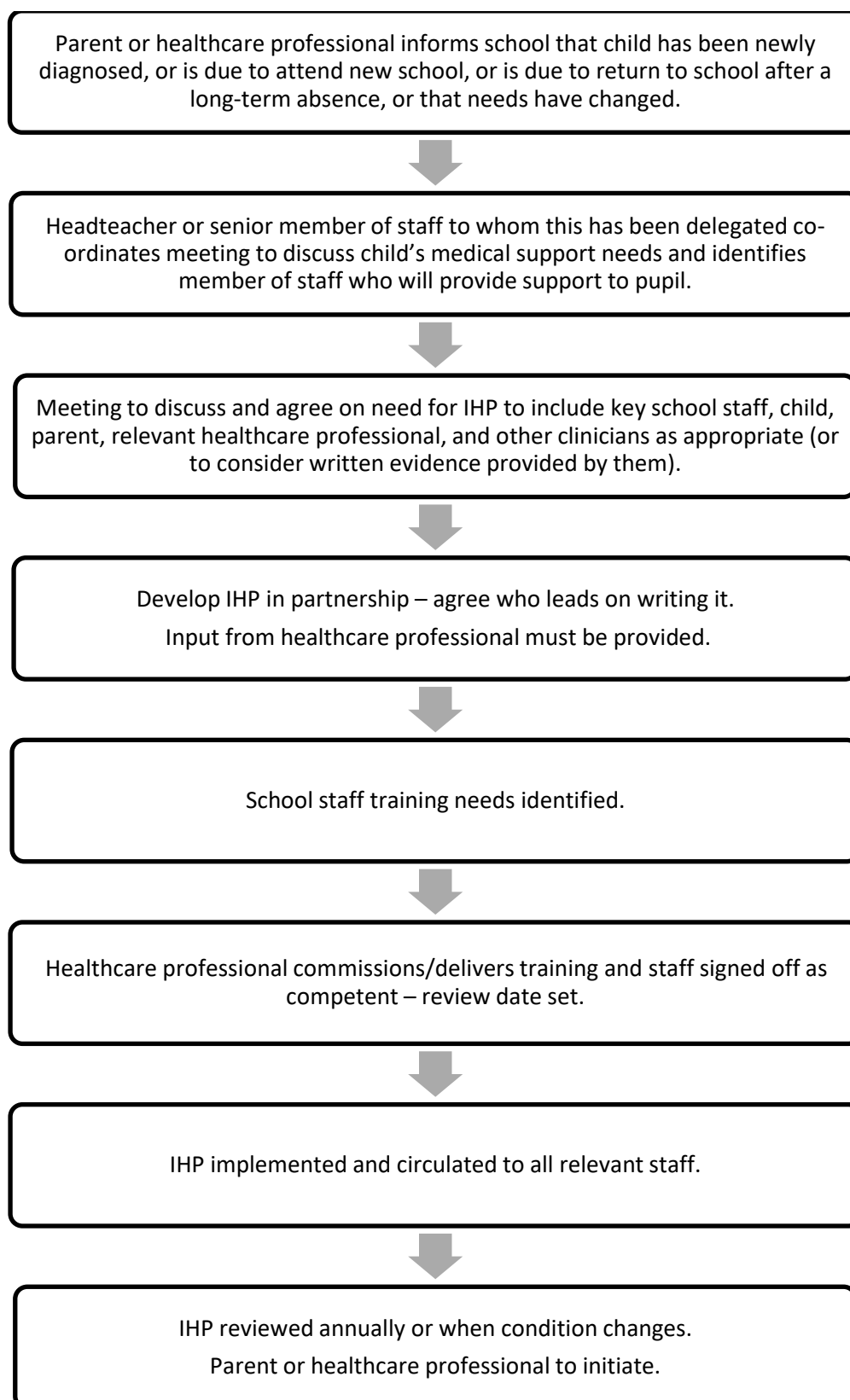
## 12. Monitoring and evaluation

The policy will be monitored by the Trust Board and Trust Executive leaders for its effectiveness in implementation, and evaluated and reviewed at least annually, or sooner in the light of any incidents that may occur or any changes to legislation.

Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **January 2023**.

## APPENDIX A: Model process for developing individual healthcare plans



## APPENDIX B: Pupil's healthcare plan (to be reviewed annually)

<b>Name of school</b>		
<b>Pupil's name</b>		
<b>Group/class/form</b>		
<b>Date of birth</b>		
<b>Pupil's address</b>		
<b>Medical diagnosis or condition</b>		
<b>Date</b>		
<b>Review date</b>		
<b>Family Contact Information</b>		
<b>Name</b>		
<b>Relationship to pupil</b>		
<b>Phone numbers</b>	Work	
	Mobile	
	Home	
<b>Name</b>		
<b>Relationship to pupil</b>		
<b>Phone numbers</b>	Work	
	Mobile	
	Home	

Clinic/Hospital Contact Information	
<b>Name</b>	
<b>Phone number</b>	
<b>GP Surgery Name</b>	
<b>GP Name</b>	
<b>Phone number</b>	
<b>Who is responsible for providing support in school?</b>	
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:	
Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:	
Daily care requirements:	
Specific support for the pupil's educational, social and emotional needs:	
Arrangements for school visits and trips:	
Describe what constitutes an emergency, and the action to take if this occurs:	



Responsible person in an emergency (state if different for off-site activities):	
Plan developed with:	
Staff training needed or undertaken – who, what, when:	
Form copied to:	

**Parental Agreement**

**I agree that the medical information contained within this form may be shared with individuals involved with the care and education of (insert pupil's name)**

\_\_\_\_\_

Signature \_\_\_\_\_  
***Parent or Guardian (or pupil if above age of legal capacity)***

Date \_\_\_\_\_

## APPENDIX C: Parental Agreement for the School to Administer Medicine

<b>The school 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.</b>	
<b>Date for review to be initiated by</b>	
<b>Name of school/setting</b>	
<b>Name of child</b>	
<b>Date of birth</b>	
<b>Group/class/form</b>	
<b>Medical condition or illness</b>	
<b>Medicine</b>	
<b>Name/type of medicine (as described on the container)</b>	
<b>Expiry date</b>	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions/other instructions</b>	
<b>Are there any side effects that the school/setting should know about?</b>	
<b>Self-administration – Y/N?</b>	
<b>Procedures to take in an emergency</b>	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.</b>	
<b>Contact Details</b>	
<b>Name</b>	

<b>Daytime phone number</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<p><b>I understand that I must deliver the medicine personally to the Lead First Aider at the school</b></p> <p><b>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.</b></p> <p><b>I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.</b></p>	
<p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>	