



IRONSTONE ACADEMY TRUST

**IAT – NORMANBY PRIMARY SCHOOL**

**SUPPORTING PUPILS AND STAFF WITH  
MEDICAL CONDITIONS POLICY**

Issued by	Carl Faulkner CEO
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# Statement of intent

Ironstone Academy Trust (IAT) 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 allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

IAT believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child’s medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

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

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health, and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE’s ‘Special educational needs and disability code of practice: 0 to 25 years and the school’s 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/carers.

Signed by:

CEO (Chief Executive Officer) Date:

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\_\_\_\_\_

Chair of Trustees

Date:

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## 1. Legislative framework

1.0. This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002 – amended in 2011
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS (National Health Service) Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

1.1. This policy also has due regard to the following guidance:

- DfE (Department for Education) (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'First aid in schools'
- Ofsted (2019) 'The common inspection framework: education, skills, and early years'
- KCSIE 2025

The Trustees set the Policy for the Trust and support schools in its implementation.

## 2. The role of the Local Committee

2.0. The LAC:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the Trust, LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures 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.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, it 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. One example of this, is where the child has an infectious disease.

- Ensures that policies, plans, procedures, and systems are properly and effectively implemented.
- Chair of Governors holds overall responsibility for policy implementation.
- Provide appropriate information to the Trustees so that they are able to ensure appropriate arrangements are in place within the Trust to support pupils with medical conditions.

### 3. The role of the Head Teacher/Executive Head

#### 3.0. The Head Teacher:

- Ensures that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.
- Head Teacher is responsible for making sure that medicines are stored safely

### 4. The role of parents/carers

#### 4.0. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are always contactable.

### 5. The role of pupils

#### 5.0. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan.
- Are sensitive to the needs of pupils with medical conditions.

### 6. The role of school staff

#### 6.0. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Consider the needs of pupils with medical conditions in their lessons when deciding whether to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## 7. The role of the school nurse

### 7.0. The school nurse/specialist nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

## 8. The role of clinical commissioning groups (CCGs)

### 8.0. CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Are responsive to LAs (Local Authorities) and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

## 9. The role of other healthcare professionals

### 9.0. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g., asthma, diabetes, and epilepsy.

## 10. The role of providers of health services

- 10.0. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## 11. The role of the LA

### 11.0. The LA:

- Commission's school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

11.1. Where a child 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.

## 12. The role of Ofsted

12.0. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

12.1. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural development.

## 13. Admissions

13.0. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

13.1. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## 14. Notification procedure

14.0. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse/parent informs the Head teacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan.

14.1. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Head teacher based on all available evidence (including medical evidence and consultation with parents/carers).

14.2. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

14.3. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible.

## 15. Staff training and support

- 15.0. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 15.1. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.2. Training needs are assessed by the school nurse and School SENDCO, through the development and review of IHC plans, on a yearly basis for all school staff, and when a new staff member arrives.
- 15.3. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 15.4. The medical professional providing training, confirms the proficiency of staff in performing medical procedures or providing medication. The School Nurse, if required will support both parents/carers & pupils to manage their medical condition to ensure every pupil can achieve their optimum level of health – emotionally and physically
- 15.5. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 15.6. Whole school awareness training is carried out on a yearly basis for all staff and included in the induction of new staff members.
- 15.7. The school nurse identifies 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.
- 15.8. Training is commissioned by the school business manager and provided by the following bodies:
  - Commercial training provider
  - The school nurses
  - Name of GP consultant
  - Parents/carers of pupils with medical conditions
- 15.9. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 15.10. The governing body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

## 16. Self-management

- 16.0. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for selfmanaging their medicines and procedures. This is reflected in their IHC plan.
- 16.1. Where possible, pupils are allowed to carry their own medicines and relevant devices.



- 16.2. Where it is not possible for pupils to carry their own medicines or devices, medicines or devices are held in a suitable cupboard in the office or classroom as appropriate.
- 16.3. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 16.4. If a child with a controlled drug passes it to another child for use, this is an offence and will lead to appropriate disciplinary action.
- 16.5. Topical lotions and creams e.g., emollients and sun cream may be brought to the school for application by the child with the permission of the Head teacher.
- 16.6. Cough sweets/throat lozenges etc are **not** medicines and are not allowed in school.
- 16.7. Ofsted and local child protection agencies must be notified within 14 days of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken.

## 17. Supply teachers and staff absence

17.0. Supply teachers are:

- Provided access to this policy, when practicable to do so.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## 18. Individual healthcare (IHC) plans

- 18.0. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Head teacher makes the final decision.
- 18.1. The school, parent/carer(s), and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.
- 18.2. IHC plans include the following information:
- The medical condition, along with its triggers, symptoms, signs, and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
  - The support needed for the pupil's educational, social, and emotional needs.
  - The level of support needed, including in emergencies.
  - Whether a child can self-manage their medication.
  - Who will provide the necessary support.
  - The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
  - Cover arrangements for when the named supporting staff member is unavailable.
  - Who needs to be made aware of the pupil's condition and the support required

- Arrangements for obtaining written permission from parents/carers and the Head teacher for medicine to be administered by school staff or selfadministered by the pupil.
  - Separate arrangements or procedures required during school trips and activities.
  - Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
- 18.3. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- 18.4. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 18.5. IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 18.6. Where a pupil has an education, health, and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it.
- 18.7. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHC plan.
- 18.8. Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.
- 18.9. The LAC should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where a pupil has a special educational need identified in an EHC plan, the individual healthcare plan is linked to or become part of the EHC plan.

## 19. Managing medicines

- 19.0. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 19.1. In principle pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 19.2. 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

- 19.3. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 19.4. Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.
- 19.5. If a parent wishes a child to take prescribed medicine during school time, they should arrange with the Head teacher to come to school to administer the medicine themselves if they wish to or complete a school medicine form (**Form AM1**), requesting permission of the Head teacher or his/her nominee to administer the medicine.
- 19.6. Parents/carers are asked to deliver the medicine together with the form to the school office where it will be kept securely. Permission cannot be taken over the telephone or after medication has been given out. The Head teacher has made the decision that we will allow parents/carers to administer non-prescribed medicines to their own children.
- 19.7. Where a child needs two or more prescribed medicines, each should be in a separate container, and a separate set of forms completed for each one (i.e., **Forms AM1, AM2 and AM3**)
- 19.8. If the Head teacher agrees **Form AM1** will be signed off, a copy will be offered and may be given to parents confirming the details of the arrangement.
- 19.9. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
- 19.10. The school only accepts medicines that are in-date, labelled (showing patient's label provided by the Pharmacist), in their original container, and that 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.
- 19.11. All medicines are stored safely in a cupboard in the office. Pupils and all staff therefore know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, (for example on a residential) pupils are informed who can access the relevant storage facility. Medicines need to be in a sealed, labelled bag or box when stored (e.g., in the fridge).
- 19.12. Emergency medication is stored in an unlocked labelled cupboard, non-emergency medication is stored in a locked labelled cupboard.
- 19.13. Staff medication must be stored in a locked cupboard or similar, these have been provided by school in a number of locations. Staff must ensure that their medication remains secure and should seek further advice or guidance if they are unclear on how to ensure pupils are safeguarded and protected from any risk that it presents. Staff medication must always be stored securely.
- 19.14. When medicines are no longer required, they are returned to parents/carers for safe disposal.
- 19.15. Out of date medications are returned to parents/carers for safe disposal.
- 19.16. Medications are returned to parents/carers for safe disposal at the end of term.
- 19.17. Sharps boxes are always used for the disposal of needles and other sharps.

- 19.18. Controlled drugs are stored in a locked non-portable container and only named staff members have access; however, these drugs are to be easily accessed in an emergency. A record is kept of the number of controlled drugs held and any doses administered.
- 19.19. Staff must be trained so they are all aware of the storage location of emergency medication.
- 19.20. The school holds children's asthma inhalers in year group areas in a large container/ bag, they are individually bagged and clearly marked. An asthma plan must be present in school for all children who bring an asthma inhaler with them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age.
- 19.21. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- 19.22. Inhalers should **always** be readily available during physical education, sports activities, and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.
- 19.23. All pupils with an inhaler will be placed on the Health Register. All staff with responsibility for pupils, are able to access the Health Register.
- 19.24. Staff are alerted to pupils with Serious Health Conditions with pupils' photographs, together with a signed Medical Care Plan, which is kept in the file in the Main Office for reference.
- 19.25. Pupils who have life threatening conditions for which emergency medication has been prescribed should only attend school when the medication is on site and in date. Therefore, parents or carers will be contacted immediately should their child attend and no medication available for them. They will be asked to take the child to the hospital or GP to obtain appropriate medication whereby they can return immediately to school.
- 19.26. As with other medicine, a record should be kept each time the inhaler is used, and parents informed.
- 19.27. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions and within the limits of their training.
- 19.28. Records are kept daily of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held. **(Form AM3)**
- 19.29. Staff must not be under the influence of alcohol or any other substance, including medication, which may affect their ability to care for children.
- 19.30. Medical advice should be sought when an emergency medication has been used.

## 20. Record keeping

- 20.0. In accordance with the above paragraphs, written records are kept of all medicines administered to children.
- 20.1. Accurate record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed. An initial paper record may be kept, this is then uploaded to CPOMS.
- 20.2. Logs of checks may be scheduled in advance, and updated on CPOMS.

## 21. Emergency procedures

- 21.0. Medical emergencies are dealt with under the school's emergency procedures.
- 21.1. Where an IHC plan is in place, it should detail:
  - What constitutes an emergency.
  - What to do in an emergency.
- 21.2. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 21.3. If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.
- 21.4. Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff.
- 21.5. SLT (Senior Leadership Team) have reviewed how best to store emergency medication; a decision has been reached that it is best stored in a central location as all out children are routinely taught in a number of locations and by a range of staff. This decision ensures all staff are aware of where all emergency medication is stored for all pupils.
- 21.6. If pupils have an individual health-care plan (drawn up by parent and school), this must be adhered to.
- 21.7. Staff are alerted to pupils with Serious Health Conditions with pupil's photographs, together with a signed Medical Care Plan, which is kept in the file in the Main Office for reference.
- 21.8. As with other medicine, a record should be kept each time the inhaler is used, and parents informed.
- 21.9. Whole school medicine awareness training is carried out by the school nurse and written confirmation of competency is provided. New staff are informed as part of their induction.
- 21.10. Medical reviews are carried out at the beginning of each academic year. Parents are asked to confirm medical conditions and whether medication is required in school. Care plans are updated and reviewed at this time also but can also be updated at any time during the year.

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

- 22.0. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 22.1. Prior to an activity taking place, the school conducts a visit risk assessment, which identifies what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers, and relevant medical professionals.
- 22.2. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## 23. Unacceptable practice

- 23.0. The school will never:
- Assume that pupils with the same condition require the same treatment.
  - Prevent pupils from easily accessing their inhalers and medication.
  - Ignore the views of the pupil and/or their parents/carers.
  - Ignore medical evidence or opinion.
  - Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
  - Send an unwell pupil to the school office alone or with an unsuitable escort.
  - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
  - Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will seek to ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
  - Create barriers to children participating in school life, including school trips. Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 24. Liability and indemnity

24.0. The LAC body must work with the Trust to ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

24.1. The school holds a Risk Protection Arrangement (RPA), through the Department of Education, covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

24.2. All staff providing such support should be provided access to the insurance policies.

24.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## 25. Complaints

25.0. Parents or carers 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.

25.1. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

25.2. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

25.3. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## 26. Defibrillators

### **Normanby Primary School:**

The school has a Mediana HeartOn A15 automated external defibrillator (AED).

The AED is stored in a secure area in the office.

All staff members and pupils are aware of the AED's location and what to do in an emergency.

No training is 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, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

## 27. Policy review, site specific variations

- 27.0. This policy is reviewed every year by the CEO and HTB, they should in turn refer to their school nurse for guidance/ updates.
- 27.1. There may be individual variations due to site or staffing limitations; these are recorded below:
- 27.2. Normanby Primary. None
- 27.3. Nunthorpe Academy None
- 27.4. Ormesby Primary: None
- 27.5. Overfields Primary None
- 27.6. Riverdale Primary None
- 27.7. Zetland Primary None
- 27.8. The scheduled review date for this policy is September 2026



**FORM AM1 - REQUEST FOR PRIMARY TO ADMINISTER MEDICATION**

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that Academy staff can administer the medication.

PUPIL DETAILS			
Surname:		First name(s):	
Address:			
Male / Female:		DOB:	
Illness/Condition :			
MEDICATION			
Name/type of medication: <i>(As described on the container)</i>			
Length of time your child will need to take this medication:		Date dispensed: <i>(As described on the container)</i>	
FULL DIRECTIONS FOR USE			
Dosage and method:		Time:	
Special precautions:			
Side effects: <i>(If known)</i>			
Supervised selfadministration permissible:	Yes      No <i>(Circle as appropriate)</i>	Procedures to take in an emergency:	
<b>NB If your child refuses to take the prescribed medication, Academy staff will not force them to do so. In this event you will be contacted immediately. If necessary, we will call emergency services.</b>			
CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with: ➤ Contents i.e., name and type of medicine</p> <ul style="list-style-type: none"> <li>➤ Child's name</li> <li>➤ Date</li> <li>➤ Dosage</li> <li>➤ Prescribing doctor's name</li> </ul> <p>I accept that this is a service which the school is not obliged to undertake.</p>			

Signature:		Date:	
<b>HEADTEACHER / SAFEGUARDING LEAD ONLY</b>			
Approved? Yes      No <i>(Circle as appropriate)</i>	Signed:	I will ensure that they will be given (or supervised whilst they take) their medication by a nominated member of staff.	

## PRIMARY SCHOOL RECORD OF MEDICATION GIVEN TO PUPILS

This form should be completed, signed and dated daily by members of staff who have responsibility for administering medication to specific pupils as agreed between home and the Academy. If the child is absent or does not receive medication, then record 'Did not attend' or 'DNA.' Mistakes should not be crossed out, altered or tippexed etc. The error should be identified with an asterisk (or two asterisks if it is not the first error on the page). Then on the next line write 'ENTERED IN ERROR.'

Child's Name:

Date of birth:

Year Group:

Address:

## REGISTER OF MEDICATION ADMINISTERED

Date	Person who brought it in	Medication	Form	Expiry Date	Amount	Time

Date	Medication	Amount given	Amount left	Time	Administered by	Witnessed Administration
