



## Medical Policy

2026-2027

Approved by:	Full Governing Body
Date:	March 2026
Review:	March 2027
Signed:	Chair: Mr. C Harris

# Medical Policy – 2026-2027

## Introduction

At Reddal Hill Primary School, our aim is to ensure that all pupils with medical conditions are properly supported within school so that they can remain healthy and play an active role in school life.

This policy has been developed in line with the Department for Education's statutory guidance 'Supporting Pupils at School with Medical Conditions' (2014) and the 'Management of Children with Medical Needs in Schools' (2016 & 2020) document.

## Aims

- To ensure that pupils at school with medical conditions are properly supported, so that they have full access to education including school trips and physical education.
- To ensure that arrangements are in place to support pupils at school with medical conditions.
- To ensure that leaders consult health and social care professionals, pupils and parents when meeting the medical needs of our pupils.

## Role and Responsibilities

### Local Authority

Local authorities have a duty to commission school nurses and to promote cooperation between relevant partners with the view to improving the wellbeing of children. Local authorities should provide advice, support and training to ensure that Individual Health Plans (IHPs) are effectively delivered. They will work with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need.

### The Governing Body

- To make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in schools is developed, implemented and reviewed.
- To ensure that the policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity, nationality, origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- To ensure that sufficient staff have the appropriate training and are competent to support pupils with medical needs.
- To ensure that the policy covers arrangements for children who are competent to manage their own health needs and medicine.

- To ensure that the school's policy is clear about the procedures for managing medicines and that there are written records kept of all medicines administered to pupils.
- To ensure that the school's policy sets out what should happen in an emergency situation.
- To ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips, visits and sporting activities and not to prevent them from doing so.
- To ensure that the appropriate level of insurance is in place that appropriately reflects the level of risk.

### **The Headteacher**

- To ensure the school's policy for management of medical needs is developed and effectively implemented with partners.
- To ensure that staff are appropriately insured and sign the indemnity form (Appendix 8) with each trained Medical Emergency Responder willing to administer medications in school.
- To ensure that all staff members know their role in implementing the policy.
- To ensure that all identified Medical Emergency Responders who support children with medical needs are appropriately qualified, trained, and supported and that there are sufficient numbers of staff trained.
- To ensure procedures are followed and IHPs are reviewed as appropriate, including contingency and emergency situations.
- To ensure that accurate records are kept regarding pupils with medical needs.
- To ensure there is liaison with the school health nurse or community children's nurses about the specific medical needs of children in the school including the need for IHPs and training for staff.
- To ensure that a school register of children with IHPs is maintained.
- To be responsible for making decisions about administering medication in school, guided by the school's policy.
- To seek parents' agreement before passing on information about their child's health to other school/health service staff in line with general data protection regulations (GDPR).
- To ensure that parents' cultural and religious views are respected.
- To make sure that all parents are aware of the school's policy and procedures for dealing with medical needs.

### **Medical Emergency Responders**

- To take part in training regarding a child's medical needs if they have volunteered to support the child or administer medication. No member of staff can be required to administer medicines; they have the right to refuse.

- Inform parents when the medication is due to be out of date or to run out. This should be given in writing at least two weeks before.
- To take responsibility for the day-to-day implementation of the Medical Policy ensuring that all necessary paperwork is completed and that IHPs are adhered to when administering medication.

### **School Staff**

- To be aware of the medical needs of the pupils in their class and the likelihood of an emergency arising and what action to take if one occurs.
- To be aware of the trained Medical Emergency Responders who have volunteered and are trained to support the child and the alternative arrangements if responsible staff are absent or unavailable.
- To be aware of the times in the school day where other staff may be responsible for pupils e.g. in the playground.

### **School Health Nurse / Community Children's Nurse**

- To be accessible as the school's first point of call for information about medical needs.
- To liaise with other health professionals if necessary to gather information about a child's medical needs.
- To complete IHPs (Appendix 2) for pupils with medical needs in collaboration with the parents, school, and if necessary other health professionals.
- To advise on training and support for school staff, who volunteer to support children with medical needs.
- To review certain children with medical needs in school regularly where indicated by their condition.
- To give advice to parents and staff about health issues.
- To work with regard to GDPR.

### **Paediatricians**

- To work closely with the School Health Nurse and notify them when a child is identified as having a medical condition that will require support in school.
- To provide information about a child's medical need.
- To review children with medical needs.
- To work with regard to GDPR.

### **Community Therapy Team**

- To provide assessment of and recommendations for children with swallowing difficulties (Speech and Language Therapists).
- To provide assessment of and recommendations for children with neurological and physical disabilities (Occupational Therapists).

- To promote children's function and independence using expert knowledge and skills of child development and disabilities (Physiotherapists).

### **General Practitioner**

- To consult with the School Health Nurse / Community Children's Nurse about a child's medical need with consent from the parent.

### **Parent /Carer**

- To provide the Headteacher with information about their child's medical condition and treatment or special care needed at school.
- To complete consent forms detailing their child's medical needs.

If medication is to be given in school, parents should:

- Update the school in writing of any changes in their child's condition or medication. Changes to instructions should only be accepted when received in writing. Verbal messages must not be accepted;
- Provide sufficient medication and ensure that it is correctly labelled and in its original packaging (with the exception of insulin pens / pumps as this is likely to be presented without original packaging);
- Replace supplies of medication as required if this runs out or is out of date;
- Dispose of their child's unused medication by returning to the issuing pharmacy; and
- Give permission where their child is self-administering medication.

### **Pupils**

- To provide information on how their medical conditions affects them.
- To advise parents / carers / school staff if they are feeling unwell.
- To contribute and comply with their IHP.
- To inform school staff of any self-administration.

### **Training**

Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. Medical Emergency Responders will be identified and trained at the beginning of each academic year. Appropriate training will be arranged for the administration of any specialist medication (e.g. adrenaline via an auto-injector, Buccal Midazolam, insulin etc.). No staff member will administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent. The Inclusion Lead will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

## Notifying School of a Medical Need

When a child starts school and at the beginning of each academic year, parents / carers will be required to complete a medical form (Appendix 1). Any updated medical information / letters should be given to Mrs K. Beard (Inclusion Lead) who will update the necessary records immediately and ensure that the necessary information is disseminated.

## Individual Health Plan (IHPs)

The school uses IHPs (Appendix 2) for children with complex medical needs. This will contain information regarding their medical needs, triggers, signs and symptoms, medication and other treatment. Not all children with a medical condition will need an IHP as it depends on the severity of their condition.

The School Health Nurse alongside the parents / carers and the school Inclusion Lead will draw up IHPs for such pupils with long term complex medical needs when the relevant diagnosis is communicated to the school.

The IHPs will be stored centrally by Mrs K. Beard (Inclusion Lead). A copy of the IHPs will be kept in the yellow medical file stored securely within each classroom. **Access to this file must be available at all times.**

The School Health Nurse / Community Children's Nurse Teams will send a copy of the IHPs to school to be reviewed annually by parents / carers. Parents / carers are responsible for informing school / school nursing teams of any changes to symptoms or medication so that the IHP can be updated. IHPs will be reviewed annually or more frequently as required by the School Health Nurse Team.

Any updated medical information / letters should be given to Mrs K. Beard (Inclusion Lead) who will contact the school nursing team to ensure the necessary changes are made to the IHP.

IHPs may be completed for:

### Anaphylaxis

A severe and often sudden allergic reaction when someone with an allergy is exposed to an allergen. Reactions usually begin within minutes but can occur hours later. These children may require oral antihistamines and / or an auto-injector / inhaled bronchodilator. All Emergency Medical Responders are trained to administer an auto-injector.

### Difficult Asthma

A child with a diagnosis of asthma whose symptoms and / or lung function abnormalities are poorly controlled and treatment which experience suggest would usually be effective does not work. These children may require inhalers, steroid tablets, Leukotriene Receptor Antagonists (such as Montelukast), Long Acting Beta 2 Agonist (such as Salmeterol and Formoterol) or Theophylline. All Emergency Medical Responders are trained to administer an inhaler.

### Atopic Eczema

A chronic inflammatory itchy skin condition. These children may require moisturisers, topical steroid creams, antibiotics, antiseptics, topical calcineurin inhibitors, antihistamines, bandaging and / or ultraviolet light treatment.

## **Diabetes Mellitus (Type 1)**

Type 1 diabetes is when the levels of blood glucose in the body become too high as the body is no longer able to produce insulin which is the hormone that controls the amount of sugar in the blood stream. The child will require lifelong treatment with dietary management and regular injections / a continuous infusion of insulin via a pump throughout the day. Staff will need to be specifically trained to administer insulin and manage blood sugar levels. This care will take place in an appropriate place within the school with access to soap and water. This must not be a bathroom.

## **Enteral Feeding**

Enteral feeding is used for children who cannot take place in sufficient nutrition by mouth the keep healthy. The child may be fed via a nasogastric tube, which goes via the nostril and down the back of the throat into the stomach, or a gastrostomy tube, which goes directly into the stomach via the abdominal wall. Staff will need to be specifically trained in feeding and to supervise children doing their own feed. This care will take place in an appropriate place within the school with access to soap and water. This must not be a bathroom.

## **Epilepsy**

A brain disorder that causes recurring seizures caused by the misfiring of electrical activity in the brain. Children with epilepsy can take part in sport but should not climb higher than double their height without a rope or safety harness. When going swimming, the lifeguard should be informed of their condition. All Emergency Medical Responders are trained to administer Buccal Midazolam

## **Intermittent Catheterisation**

This is process of passing a catheter into the bladder to drain the urine and removing it once the bladder is empty (Intermittent Catheterisation) / a surgically created channel which runs from the bladder to abdominal wall where catheter is inserted through the channel until the urine is drained off and then the catheter is removed (Mitrofanoff). This procedure will need to be completed throughout the day and staff will need specific training to complete this.

## **Tracheostomy**

A surgically created opening into the trachea through the neck to help children with long-term breathing difficulties breathe more easily. For children with a tracheostomy, the following activities are not recommended; playing with dry sand or other small particles, which could get into the tracheostomy causing the risk of choking and infection, swimming, playing with longhaired animals, being in contact with clothing that sheds fibres and playing with water due to the risk of splashing. Staff will require specific training to provide this care.

## **Oral Suction**

Oral suction is used to maintain a clear airway for a child who would otherwise be unable to do so. School staff will need specific training to complete this.

For further information regarding managing these identified medical needs within school, please refer to the 'Management of Children with Medical Needs in Schools' (2020) document.

## Administering Medicines

### Long-Term Prescription Medical Needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long-term medical needs. IHPs will be completed for children with complex medical needs. Parents / carers will be asked to complete an Asthma Plan with support of a GP or asthma nurse for children with diagnosed asthma or those presenting with viral induced wheeze. Difficult asthma, or asthma requiring regular medication to be given throughout the day, will require an IHP. No medication will be accepted into school unless it is clearly labelled with:

- The child's name
- The name and strength of the medication;
- The dosage and when the medication should be given;
- The expiry date;
- Any special storage arrangements;
- The date the medication has been issued by a pharmacist.

Medicines MUST be in date, labelled, prescribed by a doctor and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. Medication will only be administered as stated on the prescription label. On arrival at school, all medication should be handed to a Medical Emergency Responder, via the school office, and the correct paperwork will be completed by **two** trained medical responders.

### Short-Term Prescription Medication

Prescription medicines should be administered at home wherever possible, for example medicines that need to be taken 3 times a day can usually be taken before school, after school and at bed time. Prescribed medicines will only be administered by the school where it is detrimental to a child's health, if it were not done. If short-term prescription medication is to be administered, the parent / carer must complete a parental agreement and the same procedure will be followed as for long-term prescription medication. However, an IHP will not be completed for short-term prescription medication.

### Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Ideally, controlled drugs should be brought in on a daily basis, but certainly, no more than a week's supply and the amount of medication handed over to the school should always be recorded. Controlled drugs should be stored in the locked cupboard in the medical room, and only specific named staff allowed access to it. If the child refuses, the parents should be informed as a matter of urgency.

## Non-prescribed medicines

Non-prescribed medication will only be administered in exceptional circumstances at the discretion of the Headteacher. If non-prescribed medication is to be administered, the parent / carer must complete a parental agreement and the same procedure will be followed as for prescription medication. These do not require pharmacy label, but parents must clearly label the container with:

- The child's name
- Dosage amount
- And time

No child under 16 years of age will be given medication containing aspirin or codeine.

## Record Keeping

A parental agreement form **must** be completed and signed by the parent / carer (Appendix 5). No medication will be given without written parental consent. **This form must be checked by two trained Emergency Responders.** Where a child is self-administering medication there should still be a written request. Once a written request has been received, an agreement between the parent / carer and the school will be completed (Appendix 6). Without the completion of the relevant paperwork, medication will not be administered.

An individual record of medication will be created for the child (Appendix 3) and a log will be completed every time any medicine is administered (Appendix 4). When a Medical Emergency Responder administers medicine, they will check the child's Administration of Medication form / care plan against the medication, to ensure the dose and timing are correct. **Two** trained Medical Emergency Responders should be present as far as possible. A trained Medical Emergency Responder will **ALWAYS** administer medication. They will then administer the medicine as required and record on the child's medication form. For long-term medication, an administration of medication continuation sheet will be used. Children under 16 years of age will not be given medication containing aspirin or codeine.

## Storage of Medication

Prescribed medicine, other than emergency medication (such as auto-injectors, inhalers and blood glucose testing meters) will be kept in a locked medical cupboard or a designated refrigerator as appropriate. Emergency medication will be kept in classroom medical cupboards. All trained Medical Emergency Responders will have a key to access the locked cupboards / refrigerator. All emergency medicines will be kept in the classroom medical cupboards. Pupils may carry inhalers with them to ensure easy access. Children carrying their own inhaler will also be required to carry a copy of their asthma plan.

## Refusing Medication

If a child refuses medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If the refusal leads to a medical emergency, the school will call the emergency services and inform parents.

## Generic Bronchodilator Inhaler

Since October 2014, the national guidance allows schools to purchase a salbutamol bronchodilator inhaler and spacer to use in an emergency in a severe asthma attack where a child is known to have asthma and use inhalers, but does not have one in school. Written agreement from the parent is required.

## Transcribing

Transcribing is the act of copying the details of the prescription medication onto a Medication Administration Record (MAR – Appendix 4). This will be completed by two trained Emergency Responders and both will sign the form to state that the information is correct.

When transcribing the following information must be included:

- The name of the pupil;
- Date of birth of the pupil;
- Name of medication;
- Strength of medication;
- Dosage

## Offsite Visits

For all off site visits, including residential trips, guidance from Sandwell's Educational Visits Advisors should be followed.

School will ensure:

- All medication is in date;
- The manufactured dose matches dosage advised from parent / carer which has been transcribed on to medication form;
- A list of specific medication is made;
- Parental consent is obtained before the visit using the template attached (Appendix 7);
- Completed records of medication administration are kept.

During off-site visits, the teacher in charge should carry copies of any relevant IHPs / medication details.

## Travel sickness

Travel sickness tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects should be clearly marked on the container, which must be the original packaging.

## Disposal of Medicines

Medicines will be checked regularly to ensure they have not exceeded their expiry date. All medicines will be sent home at the end of the academic year. Parents / Carers are responsible for ensuring that date expired medication is returned to a pharmacy for safe disposal.

Sharps will be disposed of using sharps containers provided by the parents of the child requiring injections. Sharps containers must be kept in the designated medical area of the school.



This form should be completed by PARENTS or persons with parental responsibility in respect of every pupil on entry to the school, and annually.

### Section A – Child’s Details:

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
Forenames:	<input type="text"/>		
Address:	<input type="text"/>		
Name of School:	<input type="text"/>		

**Note:**

In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional form for each activity.

### Section B – Medical Information

This information will be shared with the School Health Nursing Service (SHN) / Community Children’s Nurse to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further please contact the SHN message taking service on 0121-612 2974.

1. Your Child’s Family Doctor:

Name:	<input type="text"/>
Address:	<input type="text"/>
Tel:	<input type="text"/>
Medical Card No:	<input type="text"/>
	<input type="text"/>

2. Is your child on any regular medication? Yes  No

If yes, please give details:
------------------------------

3. Is your child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
10-14 years	BCG ( <b>only for children with identified risk factors</b> )	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
14 years	Tetanus, Polio and Diphtheria Booster	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

5. Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Serious allergic reaction e.g. to medicines/ foods	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other significant conditions	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the above please give details:

6. **Personal Accident Insurance**

The local authority does not provide Personal Accident Insurance for individual pupils. Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all school pupils before proceeding.

7. **Emergency Contact Telephone Numbers:** (Please give 2 if possible)

(1)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>
(2)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>

8. **Home Language:**(include dialect if other than English)

Signed:  Date:

(Parent or Guardian with parental responsibility)

**Information provided on this sheet will be processed in accordance with the requirements of the General Data Protection Regulation 2018. For more information on how we use your data, please see our Privacy Notice (<https://www.reddalhillprimary.com/our-school-policies/> )**

**Please return this form as soon as possible to school**



## Individual Health Plan (IHP) for a child with medical needs

Photo	Name:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Current Year/Class:	<input type="text"/>
	School:	<input type="text"/>
	NHS No:	<input type="text"/>

---

### Family / Carer Contact 1:

Name:	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Relationship:	<input type="text"/>

### Family Contact 2:

Name:	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Relationship:	<input type="text"/>

### Hospital Doctor/Paediatrician:

Name:	<input type="text"/>
Telephone:	<input type="text"/>

### School Health Nurse Cluster (where applicable)

Name:	<input type="text"/>
Telephone:	<input type="text"/>

### Community Children's Nurse or Specialist Nurse (where applicable)

Name:	<input type="text"/>
Telephone:	<input type="text"/>

**Details of pupil's medical conditions**

**Triggers or things that make this pupil's condition worse**

**Regular requirements: (e.g. PE, dietary, therapy, nursing needs)**

**Does the pupil have regular medication?      Yes  No**

Name and type of medication	
What does the medication do?	
Dose and method of administration:	
Time:	
Are there any side effects?	
When should it be given?	
Can the pupil self-administer?	Yes / No / Supervised (delete)

If there is more than one medication taken regularly during school hours, please complete a "Request for School to Administer Medication" form.

**Does the pupil have emergency medication:    Yes  No**

**FOR EMERGENCY PROCEDURES SEE ATTACHED EMERGENCY PLAN**

**Parental and Pupil Agreement**

I agree that the information contained in this plan may be shared with individuals involved with my child/young person's care and education. I understand that I must notify the school of any changes in writing.			
Signed (Pupil) (where appropriate)			
Print name			
Date			
Signed (parent/carer) (If pupil is below the age of 16)			
Print Name		Date	

**Healthcare Professional Agreement**

I agree that the information is accurate and up to date at the present time			
Signed			
Job Title			
Print Name		Date	

Review of care plan to be completed by (date) .....

***Information provided on this sheet will be processed in accordance with the requirements of the General Data Protection Regulation 2018. For more information on how we use your data, please see our Privacy Notice ( <https://www.reddalhillprimary.com/our-school-policies/> )***

To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at <http://www.sandwell.gov.uk/privacynotices>

**For School Health Nursing Team use only:**

	Name / Sign	Date
Nurse completing clinical information		
Nurse carrying out check with parent		
Team Leader checking MC / Record Keeping compliance		

**Medication Information Sheet**

Name:

Date of Birth:

Current Year/Class:

School:

NHS No:

Name and type of medication	What does the medication do?	Dose and method of administration	Time?	Are there any side effects?	When should it be given	Can the pupil self-administer? Yes / No / supervised
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date form completed:    /    /    . Completed by: (print name): ..... Designation: .....





## Request for school to administer medication

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer medication.

Surname:

Forename(s):

Date of Birth:  NHS No:  M  F

Address:

Post Code:  Year/Class

Condition/Illness:

### Medication

Name/Type of medication (as per dispensary label):

For how long will your child take this medication?

Date dispensed:   
Expiry date:

Dosage (amount) and method of administration:

Time(s) to be given:

Special precautions (if any):

Known side effects:

Self-administration:

Yes

No

Procedures to take in any emergency:

**Contact Information**

**Family Contact 1:**

Name:

Home Telephone:

Work Telephone:

Relationship:

**Family Contact 2:**

Name:

Home Telephone:

Work Telephone:

Relationship:

**Parental Agreement:**

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(name of staff member receiving medication) and accept that this is a service which the school is not obliged to undertake.

Signature:

Date:

Name (print):

Relationship to Pupil:

***Information provided on this sheet will be processed in accordance with the requirements of the General Data Protection Regulation 2018. For more information on how we use your data, please see our Privacy Notice ( <https://www.reddalhillprimary.com/our-school-policies/> )***



## Confirmation of agreement for school to administer medication

I agree that (*name of child*) \_\_\_\_\_ Date of birth \_\_\_\_\_

will receive: (*quantity and name of medicine*): \_\_\_\_\_

every day at (*time(s) medicine to be administered*) \_\_\_\_\_

Delete one

\* Medication will be given:

\* Supervision will occur whilst he/she takes their medicine:

Delete one

\* *Insert named member of staff:* \_\_\_\_\_

\* *see attached list of staff*

Delete one

\* This will continue until the end date of the course of medicine on \_\_\_\_\_

\* This will continue until instructed by parents

Authorised School Signature:

Position:

Name: (print)

Date:

Signature of Parent/Carer:

Relationship to Child:

Name: (print)

Date:

A copy of this form should also be given to the parent.

## Persons trained to carry out procedures

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:



## Request for the administration of medication or treatment during an offsite or out of hours activity

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. Your child can only be given this if you complete and sign this form, and the head teacher has agreed that the accompanying staff can administer medication or treatment whilst off the school site.

### Details of Pupil

Surname:

Forename(s):

Date of Birth:

NHS No:

M

F

Address:

Post Code:

Year/Class

Condition/Illness:

**Medication** – If medication is required please complete the section below:

Name/Type of medication include the expiry date of the medication (as described on the container):

Expiry date:

For how long will your child take this medication?

Date dispensed:	<input type="text"/>
Full directions for use:	<input type="text"/>
Dosage and method:	<input type="text"/>
Timing:	<input type="text"/>
Special precautions (if any):	<input type="text"/>
Known side effects:	<input type="text"/>
Self-administration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to take in an emergency:	<input type="text"/>

**Treatment:** (e.g. physiotherapy, catheterisation etc)  
 If treatment is required, please complete the section below:

Type of treatment:
Details of treatment:
Timing:

**Contact Information**

\* Please note: It is essential that both contacts can be contacted by telephone:

**Family Contact:**

I may be contacted by telephoning one of the following numbers:

Day:  Evening:  Mobile:

Home address:


**Alternative Emergency Contact:**

Name:			
Relationship:			
Telephone:	Day: <input type="text"/>	Evening: <input type="text"/>	Mobile: <input type="text"/>
Address:			

**Parental Agreement:**

I understand that I must deliver the medicine personally to \_\_\_\_\_ and accept that this is a service which the accompanying staff are not obliged to undertake.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Name (print):	<input type="text"/>		
Relationship to Pupil:	<input type="text"/>		

***Information provided on this sheet will be processed in accordance with the requirements of the General Data Protection Regulation 2018. For more information on how we use your data, please see our Privacy Notice ( <https://www.reddalhillprimary.com/our-school-policies/> )***



## **Indemnity form for the administration of medication in schools**

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the council's policy document "Management of children with medical needs in school" and in accordance with any relevant policy of the school.

In consideration of your said agreement, and on the terms which follow, the council agrees that it will indemnify you against any liability for damages or other compensation arising out of or connected with the administration of medication, including liability for omissions or for another person's legal costs, and any sums paid on account of alleged such liabilities. The council will further indemnify you against any costs and expenses reasonable incurred by you in connection with any claim for damages or other compensation that may be made against you.

The council's obligation to indemnify you in respect of any claim is conditional upon: -

- (a) Your notifying the council (NOTE – identify who should be notified) as soon as you are aware that any claim against you has been made or is being considered.
- (b) Your cooperating and continuing to cooperate fully with the council and/or its insurers in dealing with any such claim, whether or not you remain in the employment of the council: and
- (c) You not have made any admissions of liability or any payments on account of any alleged liability without first receiving the written agreement of the council or its insurers.

Where you claim the benefit of this indemnity, the council or its insurers may at their own expense conduct or take over the conduct of any litigation against you (whether actual or contemplated) and shall have full authority to instruct solicitors and to settle or otherwise deal with such litigation as they think fit. The council shall have the benefit of any rights of contribution or indemnity against third parties to which you may be entitled. Without prejudice to the general obligation of cooperation, you agree to sign any consents, authorities or assignments which the council or its insurers may reasonably require.

For the avoidance of doubt, this indemnity extends to any liability for negligent acts and omissions on your part. It does not extend to any case in which you may be adjudged deliberately to have harmed any person, and in any event of any such finding by a competent court, the council or its insurers may recover from you any sums already expended by them pursuant to this indemnity.

This indemnity applies to the administration of medication in school, and also in the course of school trips and other official school activities which may take place off school premises or out of school hours.

Signed:

Post held:

Date:

Head  
Teacher:

School:

## Contacting Emergency Services

Dial 999, ask for ambulance and be ready with the following information:  
speak clearly and slowly

1 Your telephone number:

2. Give your location as follows:  
***Insert school/offsite  
address and postcode***

3. State your postal code

4. Give exact location of the  
patient in the school: ***Insert  
brief description***

5. Give your name:

6. Give name of child and a  
brief description of their  
symptoms:

7. Inform Ambulance Control of  
the best entrance and state  
that the crew will be met and  
taken to the patient