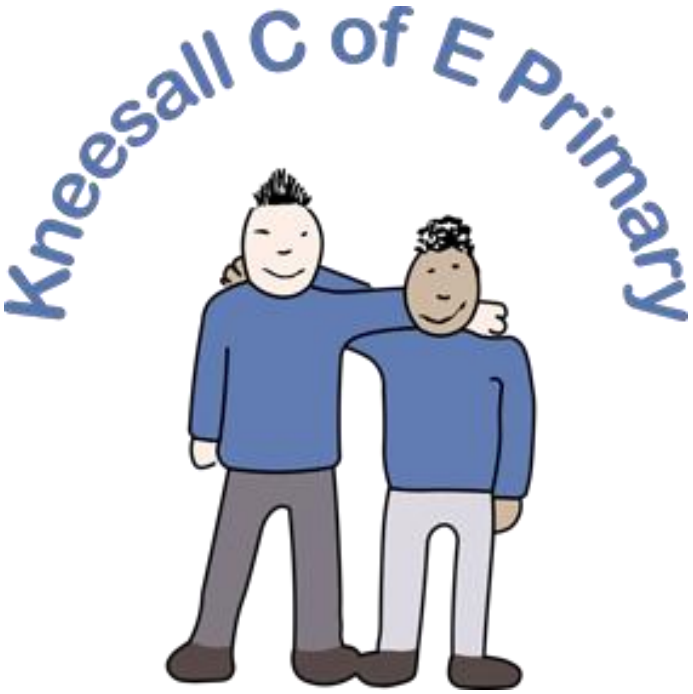


Administration of Medicines Policy

Head Teacher Signature:	Chris Litchfield
Date Adopted:	September 2026
Review Date:	September 2027

Introduction

The aim of this policy is to ensure that individual children and young people with medical needs are effectively supported to enable them to have full access to 'school' life, including trips and in P.E. lessons. This policy provides guidance and support to the school staff at Kneesall C of E Academy on managing medicines within the school context and to put in place effective systems to support individual children and young people.

Kneesall C of E Academy has the legal duty to support children with medical conditions, in line with the Children and Families Act 2024 (Section 100). The policy supports the Department for Education (DfE) guidance: Supporting children at school with medical conditions.

The school does not expect or rely upon parents and/or carers to provide the medical support that their child or young person requires during the school day. However, the school will ensure that they are fully involved in the planning and reviewing of the support provided.

The aims of this policy are as follows:

- To safeguard the dignity, rights and well-being of children and young people.
- To ensure that children and young people are treated consistently when medicines are being administered by school staff.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents and/or carers are involved in the planning of administration of medicines to their child and are confident that their concerns and the individual needs of the child are considered.
- To reassure parents that staff are knowledgeable about the administration of medicines
- To ensure that staff are well supported and are appropriately trained.

The principles underpinning this policy are as follows:

- Children and young people should be encouraged to express choices.
- Children and young people have the right to feel safe and secure
- Children and young people have the right to remain healthy
- Children and young people should be respected and valued as individuals.
- Children and young people have a right to privacy, dignity and a professional approach always from staff when meeting their needs.
- Children and young people have the right to information and support to enable them to make appropriate choices.
- Children and young people have the right to know how to complain about the administration of medicine and have their complaint dealt with effectively by the school.

The school understands the importance of medication being taken as prescribed. Staff will understand the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on children and young people.

Where a child has a long-term medical need, a written Intimate Care and Health Plan will need to be drawn up with the school, parent and/or carer and with the support of a health professional (if required). A letter confirming the need for the medication will be required from the relevant health professional. It is the responsibility of the parent and/or carer to inform the school or setting (after school club, etc.) about any needs before a child or young person is admitted or when a child or young person first develops a medical need. The school and the setting need **separate** notifications.

The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes

Separate guidance is provided on these common medical conditions as part of this Policy.

Risk assessments

The school will have in place and keep risk assessments up to date covering the administration of medicines. Staff should be consulted to obtain their views, to ensure that they fully informed and understand, and training provided where identified and as required.

Responsibilities

Parents and Carers

The school believes It is important that parent and/or carers are involved in appropriate discussions with the school regarding the administration of medicines whilst in school. If the school staff agree to administer medication on long / short term or occasional basis, the parent and/or carers are required to complete a consent form. Verbal instructions will **not** be accepted.

If it is known that children and young people are self-administering medication in school on a regular basis, a completed consent form is still required form the parent and/or carer. All children / young people requiring regular support or monitoring in school for a medical condition or intervention in an emergency arising from an existing medical condition will need an Intimate Care and Health Plan.

The Head Teacher will therefore consult with parents / carers and young people (wherever possible), developing and implementing child's/ young person's specific health and care plans with supporting written information from a medical professional.

The Intimate Care and Health Plan will provide clarity about:

- The child/young person's medical condition
- What needs to be done to help them in school (including any emergency protocols)
- When this needs to happen
- Who should provide the support needed.

The parent and/or carer needs to ensure there is sufficient medication and that the medication is in date. The parent and/or carer must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Childs name and date of birth
- Name and strength of medication
- Dose
- Expiry dates whenever possible
- Dispensing date/pharmacist details
- Sealed bottle

The child's or young person's voice

The school believes it is important that the child or young person, subject to their understanding, should be involved in discussions regarding the administration of their medicines in the school. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

School Staff

There is no legal or contractual duty within the School Teachers' Pay and Conditions Document (STPCD) that requires teaching staff to administer medications, but teachers may voluntarily agree. However, importantly, the duty (on schools) remains and as such, school leaders and governing bodies will need to ensure children and young people's needs are met by providing support and training to staff to undertake these duties and responsibilities.

Where such duties and responsibilities become a regular part of the post, consultation with staff should take place with a view to incorporating them into the employees' job description. Where required the post may need to be subject to further job evaluation. If there are insufficient volunteers from existing staff (teachers and support staff), support staff job descriptions will need to be reviewed so that the school can meet the needs of children. In some situations, where voluntary solutions cannot be found, schools may need to formally review their staffing structures and reorganise staffing by dis-establishing and establishing new posts.

In all cases, head teachers are strongly advised to explore voluntary solutions through consultation to determine how children and young people's needs can be met and understand why staff may be reluctant or unwilling to undertake such duties. In most situations staff concerns can be allayed through discussion, support, and training. In some cases, job descriptions will contain or be amended to include specific requirements in an individual's job description or staff may formally elect to support children and young people in this way.

The school will ensure that all staff involved in the administration of medicines must be appropriately trained to undertake these responsibilities. More generally the school will ensure all staff understand their duty of care to children and young people in the event of an emergency and are confident about what to do in such an emergency.

Intimate Care and Health Plans

Kneesall C of E Primary Academy will complete the Intimate Care and Health Plan with the parents and/or carers, the child or young person (wherever possible), together with supporting written information from a medical professional, relevant school staff when a child or young person requires regular support or monitoring in school for a medical condition or may require intervention in an emergency arising from an existing medical condition. Intimate Care and Health Plans are not usually required for short term illnesses.

The Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust) will provide support to co-ordinate obtaining the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified.

The Intimate Care and Health Plan should include the following information:

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions and any side effects of the medication
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

An example Intimate Care and Health Plan can be found in appendix 1 at the end of this policy.

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

Staff Training

Staff must not administer medicines or undertake delegated healthcare task without appropriate training. Further support and appropriate training can be sought from the Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust). The Team's email address is CCYPSReferral@nottshc.nhs.uk A copy of the training including where available the competency training certificate for relevant training, will be retained by the school or setting. This will evidence who carried out the training, their title, who received training and on what date. The school should ensure that they are given a date by which competencies expire and must arrange for refresher or updated competency packages to be completed.

Kneesall C of E Primary Academy will ensure that training is given to enough members of staff to ensure that back-up arrangements can be put in place should a designated member of staff be absent. Refresher training should be arranged as required.

The Head Teacher is accountable for ensuring that staff are appropriately trained; have had their competencies signed off; that records are kept; and systems are in place to ensure future training needs are met.

Additionally, the school will ensure a wider awareness of children and young people with medical conditions, and how to support them. Awareness training should be provided to all staff encountering the child or young person, e.g. class teachers, subject teachers, lunchtime staff, library staff and receptionists. Additionally, staff with children or young people with medical needs in their class should have a copy of the individual healthcare plan.

Storage

When items need to be available for emergency use, e.g. asthma pumps and EpiPens, they may be kept in the medical room or area designated (e.g. reception) according to the size and layout of the building, or with the children and young people, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use by children and young people and/or staff.

When prescription items are held by the school for administration by school staff, they must be stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on the school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent / carer, e.g. at the end of term. These drugs must be kept in a locked cabinet within a room with restricted access (staff only).

Prescription medicines including Antibiotics

Ultimately, parents are responsible for managing their child's health and as such, most prescription medicines will be administered at home. For instance, medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child or young person's health or attendance not to do so, prescription medicines should be administered at the school or setting.

- Schools and settings should only ever administer prescription medicines:
- where parental written consent is provided in advance, and with agreement of the Head Teacher
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions (staff should never make clinical decisions about medication or make changes to dosages at parental request).

Medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this requirement. Schools and settings should keep a record of this information.

Medicines should be handed over by parents (not children) to a designated member of staff. They must be stored on site in a dedicated, locked storage cupboard (ideally a medicines cabinet). Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely.

Some medicines (insulin and liquid antibiotics) need to be kept in a purpose designed fridge for medicine storage. The key requirements of the fridge are:

- A digital minimum/maximum thermometer, ideally integrated and readable from outside
- the fridge and ability to data log temperatures
- Maintain temperatures between 2°C and 8°C.
- All refrigerators used for storing medicines should be of pharmaceutical grade and meet the Medicines and Health Regulatory Agency (MHRA) guidelines on 'Control and monitoring of storage and transportation temperatures of medicinal products.'
- Meet W.H.O. performance criteria (E3/PROC/3/2)

(Please seek advice from the County Council's Health and Safety Team on the type of fridge and monitoring arrangements whilst medicines are being stored).

Schools and settings should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child or young person to rest and recover, if required. Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:

- parental agreement form
- expiry date of the medicine
- child or young person's name tallies with the name on the medicine container
- prescribed dose and the way it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded.

The medicine can then be administered in accordance with the prescriber's instructions. If staff are uncertain or in doubt, they should not administer medication; they should contact the head teacher so that further information can be clarified with the child or young person's parents before proceeding.

It is vital that clear records are always maintained by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Any side effects should be noted. This must be completed immediately after

administration. If a child or young person refuses medicine, the record must state this, and the parents must be informed at the earliest possible opportunity.

The school will ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home.

Nonprescription (over the counter) medicines

The school may administer non-prescription medicines at the discretion of the Head Teacher. As with prescription medicines, they should only be given where it would be detrimental to the child or young person's health or attendance not to do so. Therefore, this should be the **exception** rather than the norm.

The types of non-prescription medicines the school may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over-the-counter medicines, especially to suit the requirements of a school or setting.

The school will not accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child or young person has returned to education following an illness or injury.

Parents and/or carers are ultimately responsible for their child's health and it is not expected that the school will administer non-prescription medicines to 'keep' a child or young person in the school or setting if they are simply too unwell to attend.

When agreeing to administer non-prescription medicines, our school will always:

- ensure they obtain written parental consent prior to administering medication
- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child or young person's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded. The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Disposal of Medicine

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each of term.

Residential Visits

On occasion it may be necessary for a school to administer an "over the counter" medicine in the event of a child and young person suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the Parental Consent Form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the group leader to the parent/carer when this is needed. A written record must also be kept with the visit documentation.

Refusing Medicine

When a child or young person refuses medicine the parent and/or carer should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

Self-Management

Children and young people will be encouraged to take responsibility for their own medicine from an early age. A good example of this is children/ young people keeping their own asthma reliever.

Travel Sickness

In the event of a child or young person suffering from travel sickness (by coach or public transport), they should be given the appropriate medication before leaving home, and when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.

Emergencies

For children and young people with medical conditions which might result in an emergency, an emergency protocol must be agreed and included in the Intimate Care and Health Plan. Staff should have received training in the procedure to be followed and any medication to be administered. It is good practice for the Head Teacher to ensure that staff regularly familiarise themselves with this protocol.

The Head Teacher should ensure that relevant staff have information about the child or young person, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack' and will contain details about the child or young person's medical condition, including their Intimate Care and Health Plan. In an emergency, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children or young people to hospital in their own vehicle. If a parent and/or carer cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent and/or carer arrives.

Members of staff accompanying children or young people to hospital cannot give consent for any medical treatment, as they will not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents and/or carers cannot be contacted and will assume responsibility for subsequent actions as set out in their code of practice.

The school should, however, be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) which they should communicate to hospital staff.

Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a reloaded pen device, which contains a single measured does of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff that have volunteered and have been designated as appropriate by the Head Teacher and has received the appropriate training.

There should be an Intimate Care and Health Plan and consent form in place for each child or young person — these should be readily available.

- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The EpiPen should be readily accessible for use in an emergency and where children or young people are of an appropriate age; the EpiPen can be carried on their person.
- Expiry dates and discolouration of contents should be checked daily.
- The use of the EpiPen must be recorded on the child's or young person's care plan with; time, date and full signature of the person who administered the EpiPen.
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 399 call should be made at the same time of administering the EpiPen.
- The used EpiPen must be given to the ambulance personnel.
- It is the parent / carers' responsibility to renew the EpiPen before the child returns to school.
- If the child or young person leaves the school site e.g. school trips, the EpiPen must be readily available.

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently, it is unlikely there would be any adverse effects.

- If school staff are assisting children or young people with their inhalers a consent form from the parent and/or carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers must be readily available when children or young people need them. Children and young people should be encouraged to carry their own inhalers. If the child or young person is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- It would be considered helpful if the parent and/or carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidently left at home of the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's / young person's name.
- Some children or young people, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other children and young people misuse inhalers. «The parent / carer should be responsible for renewing out of date and empty inhalers.
- The parent / carer should be informed if a child or young person is using the inhaler excessively.
- Physical activities will benefit children and young peoples with asthma, but they may need to use their inhaler 10 minutes before exertion.
- The inhaler must be available during PE and games.
- If children and young people are unwell, they should not be forced to participate.
- If children and young people are going on off-site visits, inhalers must still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum).
- Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues, and hazardous substances. Care should be taken to ensure that any children and young people who reacts to these are advised not have contact with these.

Guidelines for Managing Hypo Glycaemia (Hypo's or Low Blood Sugar) in children and young people who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In most children or young people, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children and young people with diabetes can also become unwell because of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

To prevent "hypo's"

There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent / carer. Staff should be familiar with children and young people's individual symptoms of a "hypo". This will be recorded in the care plan.

Children and young people must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes of detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer.

To treat "hypo's"

If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child or young person may experience a "hypo". Symptoms may include sweating, pale skin, confusion, and slurred speech.

Treatment for a "hypo" might be different for each child or young person, but will be either dextrose tablets, or sugary drink, chocolate bar or hypo-stop (dextrose gel), as per the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children and young people will carry the treatment with them. Expiry dates must be checked each term.

It is the responsibility of the parent and/or carer to ensure appropriate treatment is available. Once the child or young person has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting, a 999 call must be made, and the child or young person put in the recovery position. Do not attempt oral treatment. The parent and/or carer should be informed of "hypo's" where staff have issued treatment in accordance with the health and care plan.

If Hypostop has been provided

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent and/or carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious.

Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other children and young peoples. They may have spent more time in adult company, having more adultlike conversations than usual, gaining new life experiences, and maturing beyond their peers. Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school the child or young person may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's or young persons gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts. Wherever possible the child or young person should be enabled to start in the same ability

sets as before, unless they specifically want to change groups. Regularly revise the child's or young people's timetable and school day as necessary.

Having a Key Person at school

It is helpful to have one “key” adult that the child or young person can go to if they are upset or finding school difficult, plus a “plan B” person for times when the usual person is not available.

Physical Activity

Plan for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the child or young person to have a buddy to carry their bags and for them to have access to lifts.

Some children and young people may not want to be left out during PE despite tiredness or other physical limitations. Include the child or young person as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's or young person’s family or health professionals. Inform other school staff about long term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child or young person, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child or young person) call 999 for an ambulance and ensure that the crew are aware that the child or young person is on or has recently finished cancer treatment.

Appendices

Appendix 1

Intimate care form Check with Hannah/Leanne are we doing it, has is it been recorded? If so, where? What does the form look like – can I have a digital copy of this?

Appendix 2

Medicine Form and administration of medicine form.

Appendix 1 – Intimate Care and Health Plan

Name of School / Setting:	
Child's / young person's name:	
Date of Birth:	
Class Name / Tutor Group:	
Child's Address:	
SEN Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		**Contact 2**	
Name		**Name**	
Relationship to Child		**Relationship to Child**	
Phone No.		**Phone No.**	
Alternative Phone No.		**Alternative Phone No.**	
Clinic / Hospital Contact		**GP**	
Name		**Name**	
Phone No.		**Phone No.**	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements (e.g., before sport or at lunchtime)
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is a different procedure, contact numbers or plan of action for off-site activities)

Appendix 2
Consent Form for the Administration of Medicines

By completing the below form, I hereby give consent for staff at Kneesall C of E Primary Academy to administer the medicine as described below.

I undertake to deliver prescribed medicine to school in the original named container which will then be administered by a member of staff (a qualified first aider) in accordance with my instructions, as outlined below. This medication will be stored in a secure place and returned to me at the end of the school day.

I understand that any staff involved in the administering of the medicine are not qualified medical practitioners and will take reasonable care in the administration of this medicine.

I understand the school will endeavour to respond appropriately in all circumstances should any emergency treatment be required.

Child's Name	
Child's Date of Birth	
Child's Class	

Medicine Name	
Batch Number	
Expiry Date	
Today's Date	
Time needing medication	
Dosage	
Method	

Parent / Carer's Signature	
Class Teacher's Signature	
Office Manager's Signature	

Record of Medicine administered to an individual

Child's Name	

Name of Medicine	Date Given	Time Given	Dose	Signature of Person administering medicine	Signature of Person witnessing medicine given