

## **Administering Medicines Policy**

*(A number of forms are referred to as appendices in this policy. These are contained in West Sussex County Council (WSCC) 'Templates – Supporting pupils with medical conditions' September 2017 and WSCC Care Plan Templates September 2017. The Asthma Toolkit is also available from the Child Health page within West Sussex Services for Schools.)*

### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of WSAPC will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed

Chair of Governors

Date

### **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at WSAPC are managed appropriately. They will be supported with the implementation of these arrangements by the Head Teacher and school staff.

The Lead for Managing Medicines at WSAPC is the Head of Centre in each of the respective centres, or in their absence the nominated First Aider. In their duties, staff will be guided by their training, this policy and related procedures.

### **Implementation monitoring and Review**

All staff, Governors, parents/carers and members of the WSAPC community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed and as part of the Head Teacher's annual report to Governors.

### **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescription medication using 'Template B: Parent/guardian consent to administer short-term, non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed, this might include the development of an Individual Health Care Plan (IHP) or Education Health Care Plan (EHP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils with medical needs**

The school will follow Government guidance and develop an IHP or EHP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head of Centre with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head of Centre, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare

plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

### **All prescribed and non-prescribed medication**

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol, ibuprofen and antihistamine, all other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the School Office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by text or e-mail.

### **Confidentiality**

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent using Template B (Appendix 2) to administer ad-hoc non-prescription medication when the pupil joins the school. The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school.

Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school, the school staff will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer Aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- Paracetamol (to pupils of all ages)
- Ibuprofen (pupils age 12 and over)
- antihistamine

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2).
- Medication is licensed as suitable for the pupil's age.
- Medication is suitable for the pupil i.e. if a child is Asthmatic the medication is suitable for that condition.
- Administration is required more than 3 to 4 times per day.
- Medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

- As a preventative, i.e. in case the pupil develops symptoms during the school day.
- If the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.

- For more than 48 hours – parents will be advised if symptoms persist to contact their Doctor.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non-prescribed medication**

A small stock of standard Paracetamol, Ibuprofen and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
  - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
  - Standard Ibuprofen will ONLY be administered in tablet form to pupils age 12 and over for period pain, migraine and muscle/skeletal disorders involving inflammation i.e. joint sprains.
  - Ibuprofen will NOT be administered to any pupil diagnosed with asthma.
- For mild allergic reaction – Standard Piriton (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

### **Pain relief protocol for the administration of Paracetamol and Ibuprofen**

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.
- IBUPROFEN - The school will NOT administer Ibuprofen at all during the school day if it has been administered at home before school.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will administer 1 standard dose of PARACETAMOL without any need to confirm this with the parent/guardian but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.
- If the pupil's symptoms require the administration of IBUPROFEN then the school will establish if a dose has been administered before school, as detailed above on page 5.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

## **Asthma**

The school recognises that pupils with Asthma need access to relief medication at all times. The school will manage Asthma in school as outlined in the Asthma Toolkit. Pupils with Asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit.

The school will develop IHP's for those pupils with severe Asthma, and complete the Individual Protocol for pupils with mild Asthma.

## **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

### **Mild Allergic Reaction**

Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

### **Hay Fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of Hay Fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHP is given to the ambulance crew. If applicable the

pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of Salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with Asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the front office and allocated First Aid areas. (Appendix 2 Template G)

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. Midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Template D)

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHP and parents should complete the self-administration section of 'Parental consent to administer medication' form. (Appendix 1 Template C)

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, Midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and Midazolam must not be locked away. If appropriate certain emergency medication can be

held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office.

Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the allocated first aid area at each site, to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

### **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed on the bodily fluids risk assessment.

If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – Administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. (For record sheet see Appendix 2 Template D)

## **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

## **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (Insulin) Epilepsy (Midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

## **Transport to and from school (Special schools only)**

If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. With parental consent and following Data Protection Law the pupil's IHP or EHC will be given to those external companies and/or staff providing transportation to and from school,

(Taxi, Mini Bus etc.) in order that the care plan can be passed to the ambulance crew in the event of an emergency.

### **Educational Visits (Off - site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or Paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication, Paracetamol, Ibuprofen, antihistamine, for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Templates C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

### **Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practise would be

to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

## **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head Teacher. If the issue cannot easily be resolved the Head Teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates September 2017

Appendix 2 – WSCC Administering Medicines Templates September 2017

Appendix 3 – Summary guidance medicines policy

<b>CREATED</b>	<b>October 2017</b>
<b>ADOPTED BY THE GB:</b>	<b>October 2017</b>
<b>CIRCULATED TO STAFF:</b>	<b>December 2017</b>
<b>REVIEWED</b>	<b>June 2018</b>
<b>REVIEW DATE:</b>	<b>June 2019</b>



## **Appendix 1**

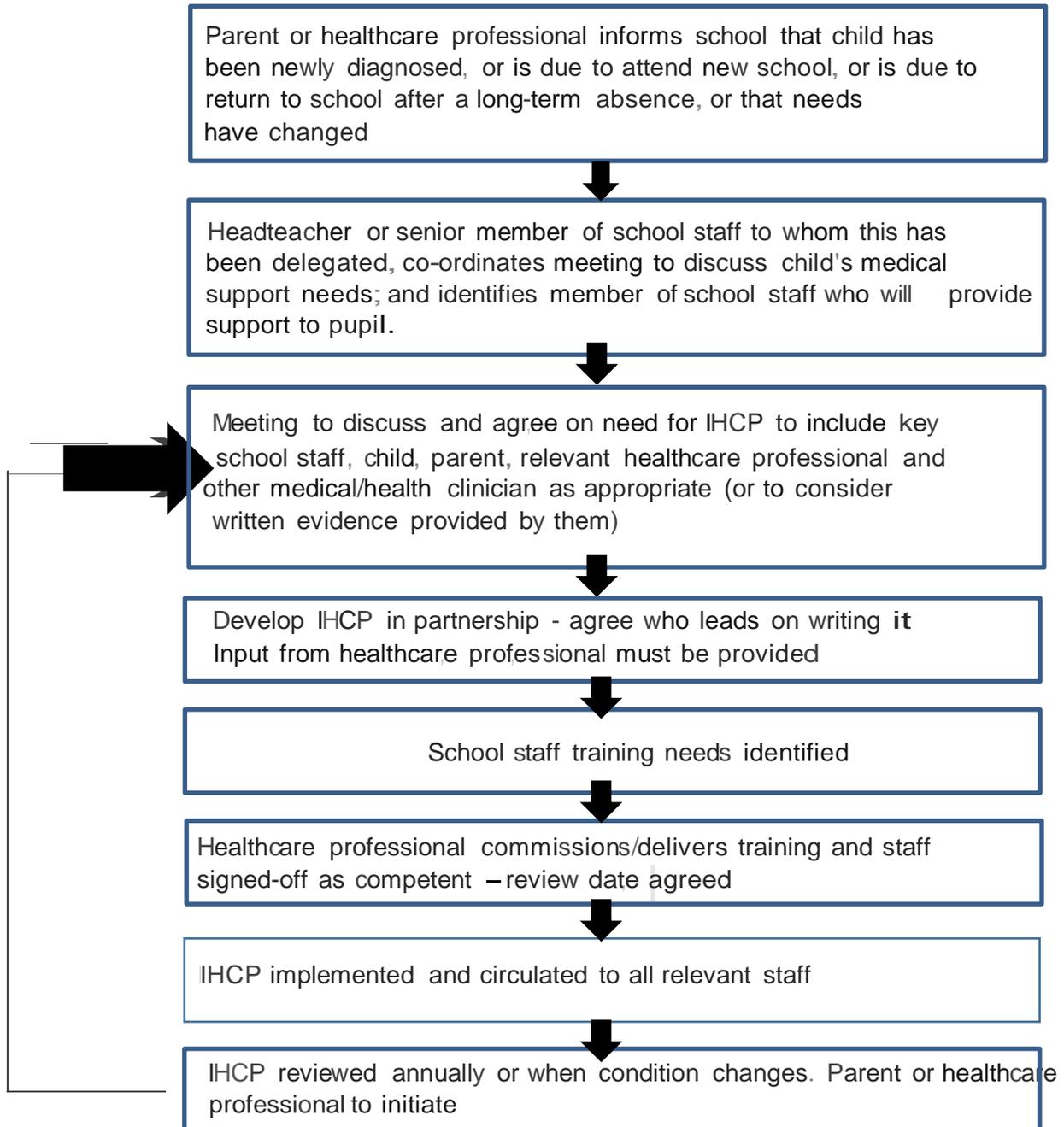
# **West Sussex County Council Care Plan Templates**

## **Supporting pupils with medical conditions**

**September 2017**

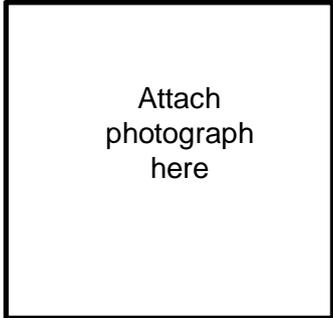
<b>Contents</b>	<b>page</b>
Model process for developing individual health care plans	3
Template 1 – Individual health care plan (IHCP)	5
Template 2: Individual protocol for Mild Asthma	7
Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction	9
Template 4 : Individual protocol for an Emerade adrenaline auto injector	11
Template 5 : Individual protocol for an Epipen adrenaline auto injector	13
Template 6 : Individual protocol for a Jext pen adrenaline auto injector	15
Template 7 : Model letter inviting parents to contribute to an individual health care plan development	17
Template 8: Example letter to send to parent/guardian who has not provided an in-date inhaler or auto injector.	18
Administering Paracetamol Poster	19
Administering Ibuprofen Poster	20

## Model process for developing individual healthcare plans





### Template 1: individual healthcare plan (IHCP)



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

**Family Contact Information**

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--



Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

\_\_\_\_\_  
Signed by parent or guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

Copies to:



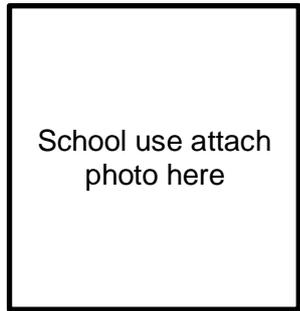
## Template 2: Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B. ....

Class .....



### Contact Information

Name				Relationship to pupil		
Phone numbers	Work		Home	Mobile		Other

If I am unavailable please contact:

Name				Relationship to pupil		
Phone numbers	Work		Home	Mobile		Other

- Does your child need an inhaler in school? Yes/No (delete as appropriate)
- Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....  
Do they have a spacer?

.....  
3. What triggers your child's asthma?

.....  
4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:



- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed  <i>I am the person with parental responsibility</i>	Date



For office use:

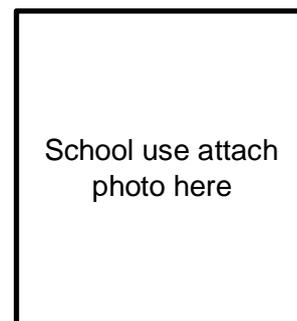
	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

**Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction**

CHILD'S NAME.....

D.O.B. ....

Class .....



Nature of Allergy:

.....  
.....

Contact Information

Name				Relationship to pupil		
Phone numbers	Work		Home	Mobile		Other

If I am unavailable please contact:

Name				Relationship to pupil		
Phone numbers	Work		Home	Mobile		Other

**GP**

Name:  
Phone No:  
Address:

**Clinic/ Hospital Contact**

Name:  
Phone No:  
Address:

**MEDICATION - Antihistamine**



Name of antihistamine & expiry date

.....

- It is the parents responsibility to ensure the Antihistamine has not expired

Dosage & Method: **As prescribed on the container.**

- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

**I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.**

Signed:.....Print name.....Date.....  
*I am the person with parental responsibility*

**Individual protocol for using Antihistamine (e.g. Piriton)**



**Symptoms may include:**

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Inform parent/guardian  
to collect

.....  
  
from school

**Stay Calm**

Reassure  
.....

Give Antihistamine  
delegated person responsible  
to administer antihistamine,  
as per instructions on  
prescribed bottle

Observe patient and monitor  
symptoms

If symptoms progress and  
there is any difficulty in  
swallowing/speaking  
/breathing/  
cold and clammy  
**Dial 999**

A = Airway  
B = Breathing  
C = Circulation

If child is prescribed an  
adrenaline auto injector  
administer it - follow  
instructions on protocol

**If symptoms progress Dial 999 - Telephone for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

**Give school details:**

**Give details:** Pupils name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.



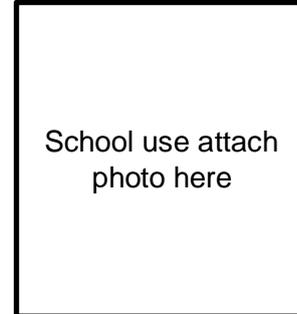
**Template 4 : Individual protocol for an Emerade adrenaline auto injector**

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:



Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

**GP**

Name:

Phone No:

Address:

**Clinic/ Hospital Contact**

Name:

Phone No:

Address:

**MEDICATION Emerade**

Name on Emerade & expiry date:

- It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.



- I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for.....using an EMERADE (Adrenaline auto injector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Give EMERADE first  
then dial 999**

**Administer Emerade  
in the upper outer thigh**

Remove cap protecting the needle  
Hold Emerade against upper outer thigh  
and press it against patients leg. You  
will hear a click when the adrenaline is  
injected.

**Hold Emerade in place  
for 10 seconds.**

Can be given through clothing, but not  
very thick clothing.

Note time injection given.

**If no improvement  
give 2<sup>nd</sup> EMERADE  
5 minutes later**

**Stay Calm**

Reassure.....

**One member of staff to  
Dial 999**

**REMEMBER**

**A = Airway  
B = Breathing  
C = Circulation**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

**You need to say:** "I have a child in anaphylactic shock".

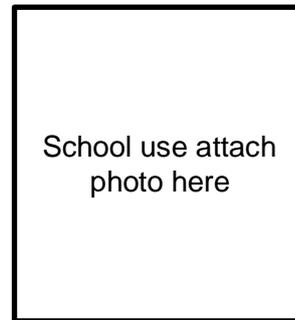
**Give school details:**



**Give details:** Child's name has a severe allergy and what has happened.  
DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN  
 Someone to wait by the school gate to direct the ambulance staff straight to the child.

**Template 5 : Individual protocol for an EpiPen adrenaline auto injector**

CHILD'S NAME.....  
 D.O.B. ....  
 Class .....  
 Nature of Allergy:  
 .....



Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

**GP**

Name:  
 Phone No:  
 Address:

**Clinic/ Hospital Contact**

Name  
 Phone No:  
 Address:

**MEDICATION EPIPEN**

Name on EPIPEN & Expiry date: .....

- It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents



- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education.
- I give my consent for the school to administer my child’s Epipen or the school held adrenaline auto-injector (if my child’s pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

**Individual protocol for using an Epipen (Adrenaline Auto injector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy



**Stay Calm**

Reassure .....

**One member of staff to  
Dial 999**

**REMEMBER**

**A = AIRWAY  
B = BREATHING  
C = CIRCULATION**

**Give EPIPEN first  
then dial 999**

**Administer Epipen in the  
upper outer thigh**

Remove grey safety cap  
Hold epipen with black tip  
downwards against thigh  
jab firmly.

**Hold epipen in place  
for 10 seconds**

Can be given through clothing, but  
not very thick clothing.  
Note time of injection given

**If no improvement give  
2<sup>nd</sup> EPIPEN 5 minutes  
later**

**Call Parents**

Reassure  
.....

**Telephoning for an ambulance**  
**You need to say:** "I have a child in anaphylactic shock".  
**Give school details:**  
**Give details:** Childs name has a severe allergy and what has happened.  
**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY  
INFORMATION HAS BEEN GIVEN**  
Someone to wait by the school gate to direct the ambulance staff straight to the child.



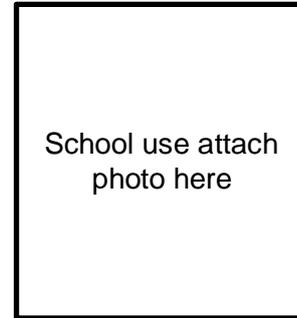
**Template 6 : Individual protocol for an Jext pen adrenaline auto injector**

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:



Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

**GP**

Name:

Phone No:

Address:

**Clinic/ Hospital Contact**

Name:

Phone No:

Address:

**MEDICATION JEXT**

Name on JEXT & expiry date: .....

- It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure ..... does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.



Signed:.....Print name..... Date.....  
*I am the person with parental responsibility*

**Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)**

**Symptoms may include:**

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

**Stay Calm**

Reassure .....

**One member of staff to Dial 999**

**REMEMBER**

**A = AIRWAY**  
**B = BREATHING**  
**C = CIRCULATION**

**Give JEXT pen first  
Then call 999**

**Administer in the upper thigh**

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

**Hold in JEXT Pen in place for 10 seconds.**

Can be given through clothing, but not very thick clothing  
Note time of injection given

**If no improvement give 2<sup>nd</sup> JEXT Pen  
5 minutes later**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**  
You need to say: "I have a child in anaphylactic shock".



**Give school details:**

**Give details:** Child's name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.



## Template 7: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Guardian

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



**Template 8: Example letter to send to parent/guardian who has not provided an in-date inhaler or auto injector.  
Please amend as necessary for the individual circumstances.**

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s **asthma inhaler/adrenaline auto injector**, I am very concerned that in date medication has not been provided. You have confirmed on the Individual Protocol that (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that the following are provided without delay:

- **an inhaler/ adrenaline auto injector**
- **a spacer**

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, and you have given your consent staff will administer the schools **reliever inhaler/adrenaline auto injector**. However if you have not given consent for the school **reliever inhaler/adrenaline auto injector** to be administered staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely



## Protocol for the administration of Paracetamol

- Paracetamol can be administered to children of any age, dose must be suitable for their age and weight
- Verbal parental consent must be gained during the day to administer paracetamol between the start of school day and 12pm. If the parents cannot be contacted paracetamol cannot be administered. Conversation with parent/guardian must be recorded.
- The school can administer paracetamol without additional parental consent on the day between 12pm and end of school day.
- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

### Use with caution:

- Liver problems
- Kidney problems
- Long term malnutrition
- Long term dehydration
- Epilepsy

### SIDE EFFECTS:

- Allergic reaction rash, swelling difficulty breathing
- Low blood pressure and a fast heartbeat
- Blood disorders
- Liver and kidney damage (overdose)

### Do not administer if the pupil is also taking any of the following drugs:

- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide – used to treat type 2 diabetes)
- Imatinib – used to treat leukaemia
- **Other drugs containing paracetamol e.g. Lemsip, Sudofed, Feminax**

## **IF YOU SUSPECT AN OVERDOSE CALL 999 IMMEDIATELY only 4 dose in 24 hours Protocol for the administration of Ibuprofen**

- Ibuprofen can ONLY be administered to pupils AGE 12 and OVER and dose must be suitable for their age and weight for period pain, migraine and pain symptoms that include inflammation/swelling e.g. joint pain, sprains;
- Verbal parental consent must be gained during the day to administer ibuprofen between the start of school day and 12pm. If the parents cannot be contacted ibuprofen cannot be administered. Conversation with parent/guardian must be recorded.
- If parents confirm they have administered Ibuprofen in the morning then the school CANNOT ADMINISTER ANOTHER DOSE that day.
- The school can administer Ibuprofen without additional parental consent on the day between 12pm and end of school day.
- If Ibuprofen is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of Ibuprofen as for prescribed medication.

Pupils must not bring Ibuprofen (or other types of painkillers) to school for self-administration.

### **DO NOT ADMINISTER TO ASTHMATICS**

#### **Use with caution:**

- Kidney or liver problems
- Stomach ulcer
- Heart problems
- Lupus
- Crohn's disease or ulcerative colitis
- High blood pressure
- Stroke

### **SIDE EFFECTS**

- nausea or vomiting
- constipation or diarrhoea
- indigestion or abdominal pain headache or dizziness
- bloating (fluid retention)
- raised blood pressure
- allergic reaction e.g. rash
- worsening asthma
- kidney failure
- black stools /blood in stool

### **Do not administer if the pupil is also taking any of the following drugs:**

- Other Non-steroidal anti-inflammatory drugs (NSAID's) should not take more than one NSAID at a time
- Anti-depressants
- Beta blockers to treat high blood pressure/migraines
- Diuretics – to remove excess fluid in the body



## Appendix 2

# Administering Medicines Templates

Supporting pupils with medical  
conditions

September 2017



<b>Contents</b>	page
Template A – Pupil Health Information Form	15
Template B – Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines	17
Template C – Parental consent to administer medicine	18
Template C1 – Individual protocol for non-prescribed medication	20
Template D – Record of medicine administered to an individual child	21
Template G – Contacting the emergency services	23
Template H Consent to administer non-prescribed medication on a school trip	24



## West Sussex Alternative Provision College

### Template A: Pupil Health Information Form

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Child's Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

Please complete if applicable

Has your child been diagnosed with or are you concerned about any of the following:

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Medication</b>
<b>Asthma</b> NB: Parents of pupils with mild asthma must also sign an asthma protocol form (template 2 in Appendix 1) available from the school			
<b>Allergies/Anaphylaxis</b> NB: Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school)			
<b>Epilepsy</b>			
<b>Diabetes</b>			



Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

<b>Condition</b>	<b>Medication, emergency requirements</b>

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:



## West Sussex Alternative Provision College

### Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupil's Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by text or email. The school holds a small stock of the following medicines:

- Paracetamol**
- Ibuprofen (pupils age 12 and over)**
- Anti-histamine**

***Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.***

**Thank you**

\_\_\_\_\_  
Signature(s) Parent/Guardian

\_\_\_\_\_  
Date

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



## West Sussex Alternative Provision College

### Template c: Parental consent to administer medication

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

**Medicine**

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

**Contact Details**

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff or school location]
---

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect.



I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

**If this is a request to administer non-prescribed medication, please work with the school to complete Template C1.**



## West Sussex Alternative Provision College

### Template C1 - Individual Protocol for non-prescribed medication

**This form should be completed in conjunction with Template C – parental consent**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				

3 main side effects of medication as detailed on manufacturer’s instructions or PIL		
1.	2.	3.

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer’s instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).

I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education  
I am aware that each day I must inform the school when I last administered the medication and that I will be informed by the school in writing when medication has been administered by email or text.

Agreed by: Parent/guardian.....Date.....



## Template D: Record of medicine administered to an individual child

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

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

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by \_\_\_\_\_

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by \_\_\_\_\_

### D: Record of medicine administered to an individual child (Continued)



Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		



## Template G: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

**1. telephone number**

**School telephone**

**2. your location as follows [insert school/setting address]**

**School address**

**3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**

**Postcode**

**4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

**Best entrance is:**

**5. your name**

**6. provide the exact location of the patient within the school setting**

**7. provide the name of the child and a brief description of their symptoms**

**8. put a completed copy of this form by the phone**



## West Sussex Alternative Provision College

### Template H: Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupils Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

If your child develops the relevant symptoms during the residential visit, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return by text or email. The school will hold a small stock of the following medicines:

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> <b>Paracetamol</b>                        | <input type="checkbox"/> |
| <input type="checkbox"/> <b>Ibuprofen (pupils age 12 and over)</b> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>Anti-histamine</b>                     | <input type="checkbox"/> |
| <input type="checkbox"/> <b>Travel sickness</b>                    | <input type="checkbox"/> |

*Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.*

Signature(s) Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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

