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Policy

Managing and Administering Medical Needs

REQUIRED REVIEW FREQUENCY		ANNUALLY
NEXT REVIEW DATE		JANUARY 2026
VERSION	APPROVED BY	DATE OF APPROVAL
5	Education	15 January 2025
KEY CHANGES - NEW policy created. (November 21).		

Signed

(Chair, Education Committee)

Date



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Supporting Children with Medical Conditions Policy

This policy supersedes the previous Managing Medical Needs policy and has been updated in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Rationale

From September 2014 a new duty for governing bodies came into force to make arrangements through an accessible, regularly reviewed policy, to support pupils at school with medical conditions.

The duty is to ensure that they can access and enjoy the same opportunities at school as any other child by re-engaging with school life. The focus of arrangements is on the needs of each individual child and the impact of the medical condition on school life.

The purpose of the policy is to:

- ❖ Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- ❖ Ensure that there is clarity around the holding and administering of medication at school
- ❖ Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- ❖ To develop staff knowledge and training in all areas necessary for our pupils

The policy will be reviewed annually.

There is no legal duty that requires school or setting staff to administer medicines, this is a voluntary role. However, it is the school's policy to assist children and parents by administering prescription medicines in school time. The Head teacher accepts in principle, the responsibility for:

- a) The administration of prescribed medication by the school medical officer and others deemed competent.
- b) The supervision of pupils taking prescribed medication.

Statement

The school policy is to support pupils that have medical conditions, to attend school and to accommodate requests from parents and carers to administer short/long term medication and medical techniques where this is necessary for the child to continue to be educated at school.

The school will try to put into place procedures to deal with individual children's emergency medical needs.

All medical information will be shared with all school staff and every class will have detailed medical file for all children in their class unless the parents state that this should not be the case.

If information is withheld from staff they will not be held responsible for incorrectly giving assistance in good faith.



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Definition of the term 'medical condition' used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the local authority's Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have Individual Health Care Plans (IHCP), usually written in conjunction with the school nurse and parents. The Head Teacher alongside the School Medical Officer has an overview of all systems in place for children with medical conditions.

The school will:

- Ensure that children with medical conditions are identified as they transfer into our school and through the ongoing checking process.
- Arrange for written permission from parents/carers, the Head teacher and school medical officer for medication to be administered by a member of staff.
- Ensure that IHCP's are shared with relevant members of staff
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the children can participate (e.g. including individual children on risk assessments)
- Designate individuals to be entrusted with information about a child's condition where confidentiality issues are raised by the parent/child
- Have an identified key worker/s trained to specifically meet the needs of child/ren with a statement of SEN (Special Educational Needs) linked to a medical condition
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan
- Make all staff working directly with children aware of the children in school with medical conditions
- Provide sufficient training for staff to meet the needs of children in school with medical conditions

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.



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Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school, but if necessary before they commence their education at St Stephens Infants. First aid training will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will need an Individual Health Care Plan (IHCP), this is often provided by a specialist (e.g. epilepsy, diabetes nurse). IHCPs should be discussed by parents and school staff.

It is of vital importance that parents or carers update the school if their child's condition or medication changes. This will be made clear during meetings by the School medical Officer.

The school will review medication and care plans yearly with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date. (See asthmas policy re inhalers)

Further Definitions

Daily Care Requirements – These are the agreed actions that staff will undertake in school to help manage the medical condition on a daily basis. This could be administration of medication, carrying out medical techniques or simply to remind and/or supervise a pupil/student taking medication.

Short Term Medication - This is medication which is needed to allow the pupil to return to the school for a few days whilst completing a course of antibiotics or whose administration is for a couple of weeks or less.

Emergency Short Term Medication - This is medication which parents may approve of for administration as part of a school trip. Examples might be for medication for headaches, insect bites etc. Appropriate letters of authorisation must be completed.

Long Term Medication - This is medication required to manage a long term medical need, i.e. asthma, epilepsy etc., where the medication will be required for extended periods.

Individual Health Care Plan (IHCP) – This is the agreed plan to be followed in managing a medical need and will include day to day support and/or details of emergency action to be taken as appropriate.

Medical Condition – This is a condition that has been identified by medically qualified personnel.

Medical Techniques – These are specialist techniques which will either be undertaken routinely or in an emergency situation. Staff must have received appropriate information, instruction, training and supervision as identified as necessary when preparing the HCP.

Emergency Action – This is action that will be taken in the event of a medical emergency. Action will be to dial 999 unless a pupil/student exhibits certain defined symptoms that are covered by an individual health care plan and an alternative has been specified, e.g. phone parent/carer, and administer emergency medication.

Procedures



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The following are the procedures that are to be followed in school to ensure the management of medical needs.

Temporary measures relating to COVID measures will be recorded on this policy in-case of future needs.

Any child needing medicine during the school day for example, antibiotics, the child will go outside the school building, outside the office area, where the medicine will be administered by the parent/carer. Administering medicines form will be signed and stored in school as normal. Parents will not be allowed into school at any time. The child will then be returned to class.

Any child needing medicines in school where legal forms have been signed for administration, full PPE equipment (gloves, apron, face visor and or mask) will be worn.

If an emergency arises for example, an EpiPen may be needed then it may not be possible to put full PPE equipment (gloves, apron, face visor, mask) on. In this instance exceptions will apply.

Any first aid incidents in school - ALL STAFF must wear FULL PPE equipment (gloves, apron, face visor, mask) ensuring that gloves are changed for each child. All areas are cleaned after use including writing pens.

Inhalers – see inhaler policy for updated information and procedures re Covid 2020.

Full PPE equipment (gloves, apron, face visor, mask) is worn at all times and inhalers are cleaned after use.

If any trips take place PPE equipment (gloves, apron, face visor, mask) will be taken including visors for first aid incidents should they occur, and/or the administration of inhalers.

Cleaning products will also accompany trips during COVID times as a temporary measure if they take place.

It will be the responsibility of the School Medical Officer to ensure all the medical needs and equipment is in place for trips.

Obtain information on pupil/students long term medical conditions

Prior to children starting school parents/carers are requested to complete information on their child's health/medical needs and, prior to the start of each subsequent year, they are asked to update this information. If a child has a more complex medical need then a meeting will be called with the parent/carers and any other outside agencies relevant to the medical need and a school health care plan will be completed and procedures put in place. (See more details under Individual Health care Plans). In addition to medical conditions the form also requests information on emergency contacts. **See Appendix 1 and 2**

NB: Parent/carers are not required to disclose information but if they do not it must be made clear to them that this will prevent the school ensuring the safety of their child.

Request to Administer Short/Long Term Medication

The school will only administer medication where a "request to administer medication" document has been completed by the parent/carers of a pupil. No medication will be given unless this form is completed. The form/s are to be completed prior to the pupil starting at the school or, if already in attendance, as soon as the condition is identified. Only clearly identified/labelled medication will be administered by the school following the completion and approval of a "request to administer" medication document. **Appendix 3 and Appendix 7**

Request to Administer Emergency Short Term Medication

The school will administer emergency short term medication as part of a school trip.



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If parents wish the school to administer such medication then a “request to administer medication” document must be signed as above with all relevant details.

Procedure sheets must accompany medications on a school trips.

Any parents/carers coming into school to administer medicines to their child/ren will sign a 'Medication Administering Form' **see Appendix 6.**

Assessment of Request

Following receipt of a “request to administer medication” document the Headteacher or School Medical Officer will discuss with staff the nature of the request and whether or not they are willing to administer the medication. The Headteacher or School Medical Officer will also identify whether staff are competent to administer the required medication.

Staff must be deemed competent to administer medication both orally in tablet form and as medicine. The member of staff must have received training for medical techniques required including the use of EPIPEN for anaphylaxis. All training records are kept in the school medical file.

All nominated staff must sign a consent to administer document alongside the parent/carers in order to give medicines. These documents will be held in the school medical file.

Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. An IHCP will:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff if appropriate
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. Copies are kept with medications, classrooms files, school medical file and children's own file.
- Outline educational provision if the child is unable to attend school – if needed
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information if needed
- Provide details of the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. adjustments re lunchtime.
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. (If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring).
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable. Medical officer



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to provide clear records of trained staff. This will be displayed in the staff room, school medical file and a copy for the office.

(A flow chart for developing an Individual Health care Plan can be found as Appendix 5).

Review/Revision of Individual Health Care Plan

This can occur quite often especially in the early stages when there is a degree of experimentation required with medication to find out what is most effective. Equally information gleaned from experience of administering medication at school can also have an effect on the plan. Generally the expectation is that it will be for parents to confirm changes in writing to the school and it will be for the school to alter the plan to reflect this information.

Individual Health Care Plans will be reviewed annually.

Where there is Information on Allergies

This needs to be considered as a whole school issue and in case of food allergies information must be shared with catering staff and guidance should be issued to parents on what other children can bring into school. It will usually be sufficient to include such information in the main school medical file, class medical file, first aid and on kitchen visuals.

Inhalers – See inhaler policy for more details.

All inhalers must be given to the School Medical Officer. Relevant checks are made and it is his/her responsibility to ensure that:

- These will be clearly labelled with the child's name and class.
- The expiry date will be entered onto a record check list sheet.
- The inhaler will be stored in the first aid area in the relevant class box. If a child has a second inhaler for severe attacks then the other will be stored in the classroom in the teacher's cupboard.
- The school and class medical files will be updated.
- A clear table of asthmatic children in school will be visible on first aid.

Parent/carers will be responsible for ensuring that up to date inhalers are available for use in school and they will advise the school if the child's needs/management of their asthma changes. The school Medical Officer also keeps a checklist of children's inhaler expiry dates as an extra precaution.

All inhalers, including the 'emergency inhaler', must be taken on School Trips, P.E outings and swimming sessions.

Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school will also, if needed, take advice and guidance from a range of professionals.

It is expected that -

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container



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- Parents will ensure that medicines handed to school are in date and clearly labelled – this will be checked by the school medical officer
- Children in our school DO-NOT self-administer prescribed medicines, due to the age range 4-7.

Management of medication

Pupils will not be able to carry any medication. All Epipens are accessible as are inhalers if needed. All staff know where the medications are stored. If a child needs a second inhaler then this will be kept in the class teacher's cupboard with easy access and with plans. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Managing medicines during the school day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Medicines will only be accepted that have been prescribed by a:

Doctor
Dentist
Nurse Prescriber
Pharmacist Prescriber

A current pharmacy label on the medication container is acceptable.

They must include the prescriber's instructions for administration. If a child is prescribed more than one medication, each must be contained within a separate container that is appropriately labelled.

School will not accept medicines that have been taken out of their original container or make changes to dosages on parental instructions. Verbal requests and messages are not accepted.

Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage.

A file with side effects of different drugs is held in the school office by the locked drug cabinet. This is for information purposes.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:



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Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

Prescription Medication

- A named, trained member of staff may administer such a drug/medication to whom it has been prescribed, according to the instructions
- Prescription drugs/medication will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs/medication (should be taken to pharmacist)
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The dosage will be checked against paperwork.
- The School Medical Officer after a discussion with the Head teacher may allow another member of staff to administer medication if they both feel the member of staff is competent and willing.
- Gloves must be worn when giving medication.

Non-prescription

Unless there is written confirmation from a GP or some form of written confirmation is received from health that this has been agreed, no non-prescription drug will be administered on a regular basis.

Medicines containing aspirin will only be given if prescribed by a doctor.

Epipens

Epipens are stored in plastic wallets, clearly labelled in cabinets in the disabled toilet with clear, named labels on the outside and the child's care plan visible inside cabinet with all paperwork should the pen/s be used. Children are required to have 2 Epipens in school. BOTH Epipens for the children are kept in the cabinet. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked by the School Medical Officer.

A register of pupils who have been prescribed an Epipen is on display in the first aid area, disabled toilet and the school staff room. There is also a visual on display in the dinner hall.

Staff have annual training in the recognition and management of an allergic action/anaphylaxis.



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Details of children's triggers are given on their care plans. When a child starts at St Stephens Infant School a meeting is held with the School Medical Officer to complete any legal forms, consent forms and ensure all care plans are in place. The School Medical Officer will ensure the medical needs are shared with the kitchen staff especially if the medical needs relate to food/s allergies.

Controlled drugs

Methylphenidate and Ritalin are examples of controlled drugs. They need to be kept in a more secure environment than suggested above. Generally children are prescribed slow release tablets and do not need to take these drugs at school. If this is not the case the drug/s will be locked in a medical cabinet in the school office. The Head Teacher, school office staff and Medical Officer will have access to the key only. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

Refusing Medicines

If a child refuses to take medicine/controlled drugs, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. All medicines and controlled drugs are returned to parents/carers by the School Medical Officer at the end of the school year including Epipens and inhalers.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Administering medicines and storage:



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The school does impose certain conditions before it will administer prescription medicine to the children in its care:

- No medicine will be administered without Parental Consent.
- Parents/Carers must ensure that all medicine is clearly marked, with the name of the child, the prescribed dose, the expiry date and written instructions provided by the prescriber.
- Parents/Carers must hand medicines directly to the School Medical Officer who will put it in the locked cabinet in the school office, unless the medicine needs refrigerating.
- Parents/Carers must complete consent forms which will be drawn up and completed by the School Medical Officer and then stored in the school medical file and copies with the medicines.
- The school will complete, sign and record each time they give a medicine to a child on 'Administration of Medication' (**Appendix 7**). This is kept with the medicine. Once medicine is removed from the cabinet, it will be administered immediately and never left unattended.
- Medication will be administered away from other children.
- Educational trips/visits – a risk assessment is undertaken prior to any visit. Copies of any procedure – individual health care plans should be taken on any visits and the 'Administration of Medicines' is completed. Parent/Carers must ensure that all medicine is clearly marked, with the name of the child, the prescribed dose, the expiry date and written instructions provided by the prescriber.

Full details of designated staff who consent to administering medication and individual medical techniques will be documented in the school medical file.

All staff who are first aid trained are listed in the school medical file. Training is reviewed every three years. Copies are also held in the school office.

Specific medical techniques are reviewed annually such as Epipen, diabetic training.

First Aid cabinets containing Epipens are in the Disabled toilet. They are NOT locked.

Self-Administration of Medication

All children at our school will be supervised. **NO** child will self-administer medicines. This includes the supervision of inhaler use.

In case of medical emergency.

A member of staff will not take a child to hospital in their own car but can accompany a child taken to hospital by ambulance if contacts cannot be contacted and stay until the parent/carer arrives.

If a child has an Individual Health Care plan it should contain clear instructions on what constitutes an emergency and the actions necessary to manage the situation.

All relevant documents and medication lists if necessary will be given to paramedics/hospital.

Record Keeping

- A record of all training undertaken by designated staff will be kept in school medical file and first aid records in school office.
- A record will be kept of Individual Health Care Plans (IHCPs)
- Records of Parental consent and health practitioner instructions will normally be reviewed and confirmed annually. (More frequently if necessary)



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- A record of administration of medication will be kept in the School Medical File when in use and then will be stored for 3 years.
- Individual children with long term medication will have records kept and stored with the first aid records – 3 years.
- All medical procedures e.g catheter records will be kept and stored with the first aid records.
- Accident/First Aid records to be retained for **25** years.
- Any first aid/medical accident forms completed in school, which result in a child attending hospital are now copied onto the child's file on CPOMS. These are reported to the Local Authority.

Staff Medical Needs

All staff employed by St Stephen's Infant School will complete a Medical Needs Awareness form. The information will be recorded by School Medical Officer and the information will be stored confidentially in the school office. See Appendix 4

Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Any First aid administered on trips is recorded and records will then be stored back in the main first aid file once the class/year group/s are back in school.

Inhalers that are administered during school trips – all times and 'puffs administered' are recorded and the records are then placed back into the main inhaler file.

Any medical procedure that requires medical attention will have written records of incidents completing on trips.

It is the responsibility of the School Medical Officer to ensure all paperwork, care plans with medicines, medical equipment is ready for any school trips.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).



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Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition. Children in our school due to the age groups 4-7 years are supervised at all times when taking medication such as inhalers and will not be independently allowed to take any medication or controlled drugs.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Head teacher and Governing Body. The School Medical Officer will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Liability and Indemnity

It is our policy to ensure that all medical information will be treated confidentially by all our staff and governors. All our staff and governors have a duty of care to follow and co-operate with the requirements of this policy.

The Governing Body of St Stephens Infant School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. Policy is issued by Zurich Municipal for South Gloucestershire Council.

Policy Number – QLA-05U004-0013 – Expiry End November 2022.

Copy held in the school medical file.

New addition to school procedures – Oct 2021

School has an 'Automated External defibrillator on site (AED). FRED PA-1



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The device is on the wall opposite our cleaner's cupboard in school, just off the vestibule, reception area.

School support staff have been trained in the use of a defibrillator alongside CPR.

If at any time the defibrillator was to be used, full guidance will be given once it is activated. ANY person, if confident and able will be able to use this device. Inspections that need to be carried out – this has been completed/ will continue to be completed by the School Medical Officer.

The school community are advised we have a device on site, accessible during school term time only.



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St Stephen's Infant School Pupil's Contact Information

Class:	Admission Number:
Date of Birth	

Surname:	First names:
Male or Female:	Religion:

Address:	E-Mail address
Home Tel number	
Mobile Number	
Postcode:	

Name(s) of Parent(s) or Guardian(s)			
1			
2			

Other entitled person(s) at home:
Relationship:

Emergency Contact 1		Emergency Contact 2	
Name:		Name:	
Relationship:		Relationship:	
Telephone Number:		Telephone Number:	
Mobile:		Mobile:	
Address:		Address:	
Postcode:		Postcode:	

Medical information	
Doctor	Dentist
Name:	Name:
Telephone Number:	Telephone Number:
Address:	Address:
Postcode:	Postcode:

TRAVEL ARRANGEMENTS : Please tick box	
Bicycle <input type="checkbox"/>	Car / Van <input type="checkbox"/>
Walk <input type="checkbox"/>	Taxi <input type="checkbox"/> Bus
Managing Medical Needs	Approved



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Appendix 2

St Stephen's Infant School
Pupils' Medical Information

NAME	CLASS
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Aids	Description
• Mobility conditions/Aids	
• Communication aids	
• Hearing aids	
• Spectacles	
• Other	

Ailments	Description
• Asthma	Medication at home.... At school.... (tick as appropriate) If medication to be kept at school, please fill in school card.
• Eczema	
• Epilepsy	
• Diabetes	
• Other	

Allergies	Description
• Peanut	
• Penicillin....Please state	
• Plasters	
• Latex	
• Foods	
• Food Colourings	
• Drinks	
• Other - E.G Religious Needs – NO Beef etc	

Professional Involvement	Description
• Health visitor	
• Clinical/school doctor	
• Audiologist	
• Hearing Impairment Service	
• Speech therapist	
• Physiotherapist	
• Occupational therapist	
• Paediatrician	
• Educational psychologist	
• Clinical psychologist	
• Social worker	
• Portage home advisor	
• Pre-school Liaison officer	
• Other	



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Appendix 3

ST. STEPHEN'S INFANT SCHOOL

REQUEST TO ADMINISTER MEDICATION FORM

Parents/Carers are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter/ward. The Head Teacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Surname _____ Forename (s) _____
Home _____

Address _____

Date of Birth _____ Class/Form _____

CONDITION OR ILLNESS

Type of Condition or Illness _____

Name & Type of Medication _____
(as described on container)

How long will your child require the medication _____
(ongoing or specific time span)

FULL DIRECTIONS ON USE

Dosage & Method _____

Timing _____

Special Precautions _____

CONTACT DETAILS

Name of Parent/Guardian _____

Address _____

Daytime Telephone Number _____

Alternative Telephone Number _____

I understand that I must personally deliver the medicine to Head/Secretary/Class Teacher and accept that this is a voluntary service provided by the school.

Signature of Parent/Guardian _____ Date _____



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Appendix 4



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St Stephen's Infant School Staff Medical Information

NAME

Aids	Description
• Mobility conditions/Aids	
• Hearing aids	
• Other	

Ailments	Description
• Asthma	Do you have medication with you at all times? Yes/No Please circle.
• Epilepsy	
• Diabetes	
• Other	

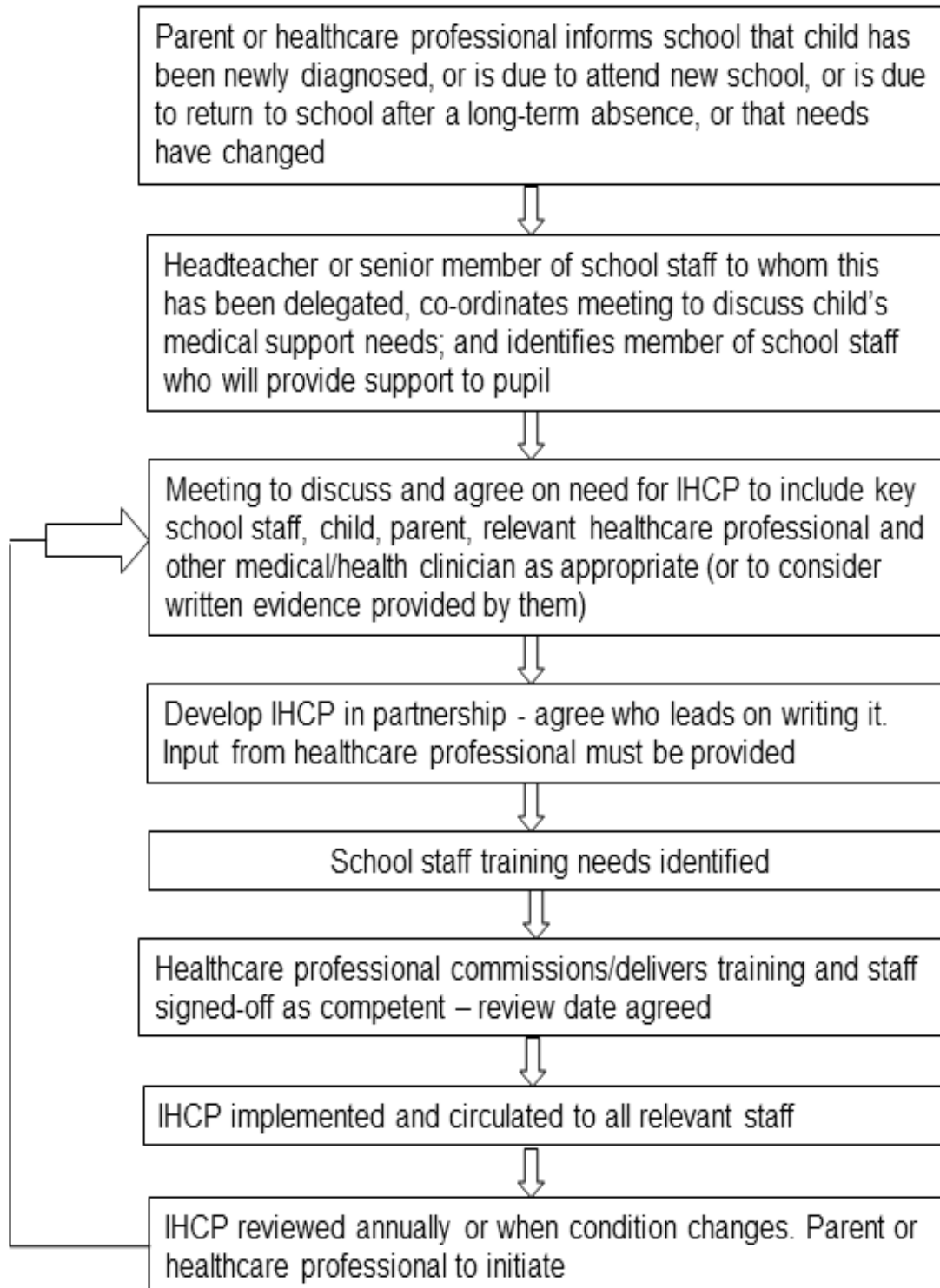
Allergies	Description
• Peanut	Do you have an EpiPen with you at all times? Yes/No Please circle. Do you carry any form of medication Yes/No Please state
• Plasters	
• Latex	Do you have an EpiPen with you at all times? Yes/No Please circle Do you carry any form of medication Yes/No Please state
• Foods	Do you carry any form of medication Yes /No Please state
• Other	



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Appendix 5





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Appendix 6

Parent/ Carer form to be completed when medication is administered in school time

DATE	Name of child and class	TIME	Name of medication	DOSE given	Signature of parent/carers	Print Name



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Appendix 7

Record of Medicine administered to an individual child in school.

Name of Child	
Date of Medicine	
Class	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency	

Staff signature.....

Parent signature

DATE			
TIME GIVEN			
DOSE GIVEN			



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STAFF NAME			
STAFF SIGNATURE			