



*"We are a Catholic community, living and learning in faith.
Through the Gospel values of faith, hope, trust and love,
we aim to recognise individuality and enable each other to fulfil our potential"*



St Cuthbert's Catholic Primary School
Supporting pupils with medical conditions
and First Aid Policy

Responsible for Policy	Headteacher and Governing Body
Presented to and approved by FGB	29.3.2022
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Status	Statutory

The policy was updated in November 2022 to reflect changes of named persons responsible for policy implementation and named governor (page 3).

St Cuthbert's Catholic Primary School is committed to safeguarding, child protection, and promoting the welfare of children and young people and expects all members of the School and its community to demonstrably share this commitment.



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Context

This policy has been created with reference to Surrey County Council's guidelines: "Supporting Pupils with Medical Conditions", January 2016. Please note that this guidance now reflects statutory changes (Children and Families Act 2014) regarding the role of Governing Bodies, in effect from September 2014.

1. Introduction

There are an increasing number of children attending mainstream schools with temporary or long-term medical conditions. As a school we are committed to providing pupils with medical needs with as much education as their condition allows to minimise disruption.

In light of recent events the school requests that parents advise if their child / children have at any time tested positive for Covid-19.

Schools, acting in *loco parentis*, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This includes regular medication or the occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

2. Management and Organisation

It is essential that safe procedures exist for the administration of medicines which meet the child's needs and are acceptable to school staff involved.

The Headteacher is designated with the overall responsibility for children/young people with medical needs and The Governing Body ensures that staff who volunteer to administer medication receive appropriate accredited training. There is no requirement for staff to undertake these responsibilities, unless administering medicines is included in their contractual duties. A staff member has a right to decline to administer medicines. Staff undertake this role on a voluntary basis. The administration of medicines is considered to be an act of 'taking reasonable care' i.e. staff will take the same care that a reasonable, responsible and careful parent would take in similar circumstances.

Governing bodies should also ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Mrs I Missen is the named person responsible for policy implementation and the implementation is overseen by the Governing Body. They make sure the following is in place:

- Who is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of the child's condition
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Briefing(s) for supply teachers
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- Monitoring of Individual Healthcare Plans

3. Procedures for administration of medicine

- The parent/carer will provide full details of any health problems the child has, as well as providing an emergency telephone number. The parent/carer will keep the school informed of any changes to the child's health problems. Emergency medicines provided for a child are kept in a named orange Medpac, which is kept in the school office.
- The parent/carer will provide full details of any medication requirements and ensure medicines supplied to school do not exceed their expiry date.
- The parent/carer or another responsible adult (NOT the child) will bring the medicine to the school and hand it to a member of staff in the school office.
- Where the School receives a request for medicines to be administered during the School day, the Office staff will make a note of this on an allocated slot (in red) on the office notice board. A red slip will be taken to the class teacher with information about the time the child needs to be sent to the office, to have their medicine administered.
- Medicines such as antibiotics, should always be brought to school in the dosage required and with a completed and signed Pupil Medication Request (Appendix A). This is available from the school website and from the school office. It gives the child's name and class, clear instructions on the dose to be administered to the child, the time to be given and for what period including the prescriber's instructions. The Pupil Medication Request will be retained in the school office for reference by staff involved. See paragraph 4(a) below.
- Antihistamine – the school is happy for a parent/carer to provide antihistamine for a child to take; it should be given to school in the manufacturer's container, clearly labelled and within its expiry date. A completed Pupil Medication Request form (Appendix A) signed by the parent or guardian will be needed, and this will be retained in the school office for reference by staff involved.
- Medicines will be locked away in a lockable cabinet or non-portable container, with the key being readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this are:
 - Medicines for use in emergency situations such as: asthma, anaphylaxis, diabetes and epilepsy, when immediate access is essential.
 - Medicines needing refrigeration. The refrigerator itself will be in a secure location to compensate for the impracticability of locking it.
- A child may be allowed to take responsibility for self-administration of medicine if it is part of a written Individual Healthcare Plan ("IHP" at Appendix E) between the child, their parents and the school. The IHP will include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child will be noted in the IHP. The school will make available a suitable location for administering the medicine.
- Unless it is an emergency situation, medicines will be administered in a location where privacy and confidentiality of the child may be maintained and facilities will be available if the child needs to rest and recover.

- Medicines will be administered and documented for one child at a time and completed before the next child is seen.
- Before administering a medicine staff will wash their hands and check:
 - The identity of the child. If the child is not known to the member of staff then a second member of staff who does know the child must be available. In case of any doubt as to the identity of a child, the member of staff administering the medicine must check the photo for the child held on SIMS or ask the child their name and date of birth.
 - The Pupil Medication Request and that this matches the instructions on label of the medicine container i.e. name of the medicine and dose instructions.
 - Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
 - The medicine administration record to ensure the medicine is due at that time and it has not already been administered.
 - All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.
- If there are concerns or doubts about any of the details listed above the member of staff will not administer the medicine. They will check with the child's parent or a health professional before taking further action. All advice and actions will be documented, signed and dated.
- If the member of staff has no concerns the medicine can be administered to the child.
- After administering the medicine staff will wash their hands.
- Immediately after the medicine has been administered the Pupil Medication Record will be completed, signed and dated. (See Appendix B).
- If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration will be recorded, signed and dated.

3 (a) Refusal to take medicine

If a child refuses to take medicine they will not be forced to do so, but this will be documented and agreed procedures followed. The parent/carer of the child will be informed of the refusal as soon as possible on the same day, or the procedure set out in the IHP will be followed. If the refusal to take the medicine could, or does, result in an emergency then the emergency procedure for the school will be followed.

4. Short-term illness/infection

Children recovering from a short-term illness or infection who are clearly unwell should not attend school and the Headteacher can request that parents or carers keep the pupil at home if necessary. *The school will furthermore adhere to Government Guidelines and instructions in regards to the management and response to Covid-19.*

4 (a) Antibiotics

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named office staff to administer the antibiotics supplied by the parent or carer.

The medication should be supplied to the school in the measured dose for each day; it will be stored appropriately, including refrigeration if required. It must be clearly labelled with the child's name and class. The measured dose will be given to the child to take under supervision.

In all cases a completed and signed Pupil Medication Request should be handed to the school office along with the medication (see Appendix A). A copy of the form is available on the school website and from the school office.

4 (b) Paracetamol

The school keeps a supply of paracetamol for the relief of headache NOT ASSOCIATED WITH HEAD INJURY, toothache, dysmenorrhoea (painful periods) and sudden rise in temperature. Paracetamol may only be given to children whose parent/carer has given written consent to its administration in appropriate doses with instructions about when the child should take it. (Appendix C)

Staff will check when the child had their last dose of paracetamol and it will not be administered if taken within the last 4 hours. The manufacturer's instructions will be followed. A member of staff will supervise the child taking the medication and notify parents in writing (Appendix D) on the day the paracetamol was taken. Administration will be recorded on the Pupil Medication Record (see Appendix B).

4 (c) Antihistamine

The school will administer antihistamine in the appropriate doses according to instructions provided on the signed Pupil Medication Request (Appendix A). The manufacturer's instructions will be followed. A member of staff will supervise the child taking the medication and notify the parents in writing on the day the antihistamine was taken (Appendix D). Administration will be recorded on the Pupil Medication Record (see Appendix B).

4 (d) Application of sun creams

Most children, apart from the very youngest and those with special needs, will be able to apply their own sun cream under supervision. When this is not possible supervisors will apply cream for the child but will not do this whilst alone with a child. Parents/carers are expected to provide a named bottle of sun cream for their child when appropriate. The Health Education Authority recommends the use of a sunscreen with a sun protection factor of 15 or above.

5. Controlled Drugs

The supply, possession and administration of some medicines (controlled drugs) are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children/young people, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child/young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child/young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after, store securely, a controlled drug where it has been agreed that it will be administered to the child/young person for whom it has been prescribed.

The school will keep controlled drugs in a locked, non-portable container and only named staff will have access. Buccal midazolam, for emergency use, is the exception; if required the school will store this drug safely but it will be readily accessible by a named member of staff to administer.

If it has been agreed in the IHP that a child/young person can self-administer their medicines, controlled drugs will be kept in safe custody in the school office i.e. in a locked cupboard or non-portable container, and not by the child/young person. However, they can access them if it is agreed that it is appropriate.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (for example, by returning the unwanted supply to the local pharmacy). In exceptional circumstances, if this is not possible, it will be taken by a named member of staff to a local pharmacy for disposal. The named member of staff should ask the pharmacist to sign and date the Pupil Medication Record to indicate that they have accepted the medicine for disposal.

Records of receipt, administration, returning the medicine to the parent or, in exceptional circumstances, taking it to a local pharmacy must be kept for audit and safety purposes.

Misuse of a controlled drug, such as passing it to another child/young person for use, is an offence. Should this occur, the school will inform the child's parents/carers and where necessary, the police.

6. Care of those with long-term or severe medical conditions

Pupils have the right to an education that helps them reach their potential in their community alongside peers and to be consulted and agree to co-operate with their negotiated IHP (parents on behalf of younger pupils). Pupils can expect flexible approaches, e.g. timetabling, full use of Information and Communication Technology, and small steps or negotiated tasks towards a maximum involvement in school life.

The school has a responsibility to keep any pupil with a specific medical need on roll and work closely with the pupil and their parent/carer to ensure access to education. The Headteacher is designated to care for pupils with medical needs and will liaise with parents and various agencies as part of ensuring that the child has full and continuous access to education. For a pupil whose medical need is not thought to be recurring and whose absence is likely to be less than 15 days, it is the school's responsibility to advise parents/carers of how they can continue to support their child's learning at home should they be deemed well enough.

Where there is a concern about whether the setting can meet a child's needs, or the expectations of the parents appear unreasonable, the Headteacher can seek further advice from the School Health Team or the Local Education Officer

The Headteacher will produce and co-ordinate the Individual Healthcare Plan. This includes arranging, chairing, and recording of planning meetings and re-integration meetings with associated services. For those pupils on the Special Educational Needs Code of Practice, the Special Educational Needs Co-ordinator (SENCo) will conduct review meetings in liaison with the named person and seek written parental permission to liaise with health and related services. They will also ensure that concessions during exams and any special arrangements are planned in discussion with our SENCo.

The plan will be completed and agreed between:

- The relevant medical experts;
- The school;
- The parent and, where appropriate, the child.

The plan will be tailored to the particular circumstances of the school and child and will include the following: -

- A communication system for alerting trained setting staff (e.g. use of preloaded adrenaline injection etc)
- A system for calling an ambulance where necessary
- Contacting parents
- Evacuating other children from the room (e.g. in the event of a seizure)
- First aid provisions.

Pupils who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, will have access to education, so far as possible from day one. Work plans will be made available to hospital or home teaching staff in the agreed National Curriculum subjects which the pupil would normally be learning. The school will supply the hospital or home teaching staff with up to date information about the pupil including reading levels and any current Individual Education Plans and offer a loan of appropriate resource materials, where possible, to teaching staff to ensure that concessions for end of Key Stage assessments are well planned.

Access to Education – Medical, will provide education to children who are absent from school due to sickness phone: 01932 872000 ext: 3597.

Public Health England (PHE), formerly Health Protection Agency (HPA): if you need any advice or support on issues relating to communicable or infectious diseases or wider health protection issues, please log on to the website: www.hpa.org.uk or www.gov.uk.

As a school we have the right to expect the pupil and parent to abide by the home-school agreement and any agreements in individual plans.

Parents will receive feedback on progress as necessary and may be asked to adjust their parenting approaches or patterns. Permission to liaise with outside agencies is always sought. It is expected that parents will share relevant information in a timely way.

7. Record keeping

7(a) The school will keep the following records in connection with the administration of medicines:

Names of trained and competent staff responsible for the storage of medicines, access and administration.

A completed Individual Healthcare Plan for a child with long term conditions such as diabetes or epilepsy including an action plan for the individual child provided by the parent/carers. This Plan should also indicate actions which can be followed in the case of a medical emergency.

A completed signed parental consent form each time there is a request for a medicine to be administered in the school (Appendix A). A new form will be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A new supply of correctly labelled medicine will be provided by the parent.

For children who are self-administering, as well as written parental consent, there must be a written agreement with the child's parent and the school to allow this. The written agreement will include whether the child will require supervision. A risk assessment will be done to decide whether the child can keep the medicine securely on themselves or in lockable storage. Medicines classed as controlled drugs cannot be kept by the child.

A record of the administration of all medicine will be kept (Appendix B).

If the child is self-administering and requires supervision the above record will be kept. It will be clearly indicated on the record that the member of staff is supervising the medicine administration.

Reasons for non-administration of medicines will be recorded and the parent/carers informed as soon as possible on the same day.

If the school keeps a supply of paracetamol or antihistamine, written parental consent and instructions, records of the quantity kept in the setting, administration details, as above, and records of disposal will be kept.

7 (b) First aid and accident record book

An accident form will be completed with as much detail as possible by the attending first aider on the same day or as soon as possible after an incident resulting in an injury

A copy of the accident report form will also be added to the pupil's educational record

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of *[You should check whether your insurer requires accident records to be retained for a longer period of time]*

8. Intimate or invasive treatment

Parents/carers should respect concerns staff may have about administering intimate or invasive treatment and should not put undue pressure on staff to assist. A staff member has a right to decline to administer medicines. It may be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Staff who volunteer to administer this treatment will protect the dignity of the child as far as possible.

9. Medic alert bracelets/necklaces

Medic alert bracelets or necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will be aware of the significance of these bracelets/necklaces and be clear to whom they belong when taking charge of them.

10. Emergency assistance / First Aid

The school has arrangements in place for dealing with emergency situations. Children know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

When a child becomes unwell at a setting or is injured in an accident (other than minor cuts or bruises) the school will arrange for them, where possible, to be looked after in the first aid room - a quiet, comfortable place - and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital.

In some situations it may be impossible to move a child who has sustained an injury or is unwell. In this case a first aider will stay with the child, while an other adult arranges for further assistance. All other children will be asked to leave the scene. The first aider will also make a decision, whether the child needs to be put in recovery position.

On occasions, it may be necessary for professional medical care to be sought immediately e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment. In this case, the child's parent/carer will be notified and an ambulance called. If the parent is not present when the ambulance arrives, a member of staff will accompany the child to hospital and will stay until the parent/carer arrives. In the absence of a parent to give express consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. Staff will communicate to the medical staff any religious/cultural wishes, where known. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

Provision for minor cuts and bruises: Most staff are first aid trained and will be attending to minor injuries there and then according to their training.

Provision for head injuries / head bumps: Should a child suffer a head injury, they will be taken to the first aid room (where possible) and above procedures will apply. Where children suffer a bump to their

head (shoulder upwards) they will be given an icepack and taken to the first aid room for further monitoring. Parents will be informed should the child suffer any other symptoms following the bump or if they have a visible bruise. In any event, the child will be given a note ('bumped head' slip) to take home to inform parents that their child has had a bump to their head and how it happened.

10 (a) Contacting Emergency Services –

Speak clearly and slowly and be ready to repeat information if asked. A completed copy of this form is kept by the school office telephone.

Request for an Ambulance

Dial 112 or 999, ask for an ambulance and be ready with the following information. 112 is generally the preferable number to use as it is an EU wide emergency number and, due to enhanced E112, if calling from a mobile phone it gives an approximation of your position.

1. Your telephone number
2. Give your location as follows:
3. State that the postcode is:
4. Give exact location in the school/setting
5. Give your name
6. Give name of child/young person and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and shown where to go.

11. Disposal of medicines

When medicines are no longer needed or have expired, parents are expected to collect them and dispose of them safely at a local chemist. It is the parent's responsibility to note expiry dates of medicines at school and arrange for disposal and replacement when necessary.

12. Training of staff

Initial validated training with certification, along with regular updating from qualified professionals is provided to staff that volunteer to administer medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this.

Staff are encouraged to renew their first aid training when it is no longer valid. A school checklist of key personnel helps to record the following: those trained, the provider, date trained, date of training expiry.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

13. Educational Visits and associated travel

It is good practice for settings to encourage children/young people with medical needs to participate in trips and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The setting may need to take additional safety measures for such visits. Staff are advised to refer to Surrey County Council Guidelines for Educational Visits and Outdoor Education Activities (Part 1, Section 3) for further guidance. In any cases of doubt, advice can be obtained from the Head of Strategic Risk Management at County Hall.

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils and the relevant medicines
- Parents' contact details

Risk assessments will be completed by the lead adult prior to any educational visit that necessitates taking pupils off school premises.

For Early Years, there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. For other year groups, there will always be at least one first aider on school trips and visits.

14. Sporting Activities

Most children/young people with medical conditions can participate in the Physical Education (PE) Curriculum and extra-curricular sport. The setting should be sufficiently flexible for all children/young people to take part in ways appropriate to their own abilities. Any restrictions on the child's/young person's ability to participate in PE should be clearly identified and incorporated in the Individual Healthcare Plan.

15. Reporting to the HSE

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations

- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

16. Additional For EYFS

- The school will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.
- The school will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- The school will also notify the Surrey Safeguarding Children Partnership of any serious accident or injury to, or the death of, a pupil while in the school's care.

17. Unacceptable Practice

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school in accordance with the school's procedures for addressing concerns. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

18. For recommended further reading and information see:

- Supporting Pupils with Medical Conditions (Surrey Guidance January 2016)
- Department of Health Chart “Guidance on Infection Control in Schools and other childcare settings”
- “Health and Safety in Schools” leaflet (NUT Sept 1989)
- Circular 199/96 (Health and Safety) “Supporting Children with Medical Needs” (NUT Nov 1996)
- DfE Guidance “Supporting Children with Medical Needs”
- “Guidance for the Management of Meningococcal Disease in Surrey”
Surrey Communicable Disease Control Service
- Administration and Control of Medicines in Care Homes and Children’s Services
- Early Years Guidance on administering medicines
- *Government Guidelines and information on Covid-19*

Appendix A



***“We are a Catholic community, living and learning in faith.
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each other to fulfil our potential”***

PUPIL MEDICATION REQUEST

ALL MEDICATION SHOULD BE CLEARLY LABELLED WITH YOUR CHILD’S NAME. IT SHOULD BE PROVIDED IN A MEASURED DOSE FOR THAT DAY ONLY AND WILL BE REFRIGERATED IF NECESSARY. PLEASE HAND YOUR CHILD’S MEDICATION TO A MEMBER OF STAFF IN THE SCHOOL OFFICE

Child’s Name : _____

Teacher/Class : _____

Condition or illness : _____

Home Telephone number : _____

Work Telephone Number : _____

Mobile Telephone Number : _____

GP Name : _____ Telephone Number : _____

*** Please delete as applicable**

* My child will be responsible for the self-administration of medicines as directed below.

* I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child’s medical needs held by the school and that this information will be verified by GP and/or Medical Consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed : _____ Date : _____

(Parent)

Name of medicine	Dose	Frequency/Times	Completion date of course if known	Expiry date of medicine
Special Instructions:				
Allergies:				
Other prescribed medicines child takes at home:				

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timings of doses accordingly



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ST CUTHBERT’S CP SCHOOL RECORD OF MEDICATION

CHILD’S NAME	YR GRP	DATE	TIME	MEDICATION GIVEN	DOSE	PARENT CONTACT Y or N	COMMENTS/ SIGNED

Appendix C



***“We are a Catholic community, living and learning in faith.
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Permission form to administer Paracetamol/antihistamine

Name of child : _____

Class Teacher : _____

Year : _____

I consent to my child _____ to be given paracetamol/antihistamine as appropriate by a member of the office staff.

Additional Comment (instruction for circumstance etc)

Appendix D



***“We are a Catholic community, living and learning in faith.
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INDIVIDUAL HEALTH CARE PLAN

Child's name	
Year	
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

Form copied to



***“We are a Catholic community, living and learning in faith.
Through the Gospel values of faith, hope, trust and love, we aim to recognise individuality and enable
each other to fulfil our potential”***

ST CUTHBERT’S CP SCHOOL RECORD OF ACCIDENTS

CHILD’S NAME	YR GRP	DATE	TIME	DETAIL OF ACCIDENT	Letter A B N <small>(see below)</small>	PARENT CONTACT Y or N	FOLLOW UP / SIGNATURE