



Cornerstone Academy Trust

**Supporting children with medical needs,
First Aid &
Administration of Medicines including Adrenaline
Auto-Injector Policy.**

This policy aims to promote inclusion and support the emotional and wellbeing needs of children with medical conditions, alongside supporting the medical need itself in turn promoting good attainment for the individual child enabling them to reach their full potential whilst at school.

This policy has been devised to support children with health and medical needs, following on from a recent statutory guidance from the Department for Education (DfE) for governing bodies of maintained schools and proprietors of academies in England, this came into place in September 2014. (updated December 2015)

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 statutory guidance is intended to help governing bodies meet their legal responsibilities, setting out arrangements that will be expected to make, based on good practice. The aim is to make sure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Key Points;

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The Trustees and the leadership team must ensure that arrangements are in place in schools to support pupils at school with medical conditions, including training and resources.

Trustees should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

As part of this policy the Trust will ensure;

- Parents/carers need to feel confident that schools will provide effective support for their child's medical condition.
- Pupil's need to feel safe and supported. This may involve including them within the plan.
- Staff may need to link in with relevant local health service, for example the school nurse, GP. This would be done with parental consent.
- Staff will liaise with and fully consider advice from healthcare professionals.
- Staff will listen to and value the views of parents/carers and pupils.
- The Trust will ensure there is support in place for the child's emotional wellbeing, which may be affected by their medical condition or attendance, including short term or frequent absence.
- Reintegration back into school needs to be properly supported, to enable full engagement with learning and prevent the child from not falling behind when they are unable to attend.
- Compliance with the duties of the Equality Act 2010
- Children with medical needs can access and enjoy the same opportunities at school as any other child, this may include flexible timetables
- Each child will be treated as an individual, although children may have similar conditions they will not necessarily be managed the same way.

- Individual health care plans are devised and implemented for children with specific medical needs. The school nurse would meet with the parents/carers and if appropriate the child, alongside other relevant professionals. The care plan will be shared with key relevant staff and reviewed regularly.
- Review how the medical condition impacts on their school life, ability to learn, as well as increase their confidence and promote self-care when possible.
- No child with a medical condition should be denied access, and reasonable measures would be put in place to support the child at school. However, this needs to be considered within safeguarding duties to ensure that a pupil's health is not put at risk from, for example, infectious diseases.
- Support with transition into school
- Endeavour to ensure arrangements are put into place within 2 weeks
- Awareness of the condition and suitable training for relevant staff members
- Risk assessment as needed.
- Who the school should contact if there is an emergency
- How the school will meet special needs, including dietary requirements
- How the school will help children with medical conditions to participate in physical activity and school trips if needed.
- The school should be able to agree with parents/carers of children on how it will manage the child's condition during the school day.
- That policies, plans, procedures and systems are properly and effectively implemented.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Record keeping of medicines administered are kept with Reception.
- Regular formal review of the Individual Health Care Plan (IHCP). The plans are kept with the School Nurse
- Working with other professionals including the Educational Welfare Officer (EWO), Educational Psychologist and School Nurse to meet the needs of the individual pupil.
- Safeguarding needs to be considered as with all pupils.
- Policy implementation;
- The Headteacher, SENDco, School Nurse and other members of the leadership team will ensure the policy is adhered to.

Individual Health Care plans;

Individual care plans are kept for individual children and key staff have access to these. The plans are reviewed regularly.

Where necessary the school nurse will help to devise healthcare plans for individual children, alongside the parents/carers, SENDCo and relevant class teacher.

Not all children with medical needs will require a healthcare plan. The school, healthcare professional and parent should agree, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the CEO is best placed to take a final view

Where a child has a Special educational need but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual health care plan.

Things to consider;

When a formal diagnosis has not been confirmed, a judgement will need to be made about how to support the pupil. Staff will need to seek advice and medical evidence including consultation with parents in how to best support the pupil.

It is not generally acceptable practice to require parents/carers, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues.

Emergencies

- Medical emergencies will be dealt with under the Trust's emergency procedures
- Where an individual Healthcare plan (IHCP) is in place, it should detail;
 - What constitutes an emergency
 - What to do in an emergency
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Policy Statement

The Trust aims to support and welcome students with medical conditions.

The school will help to ensure that all children will;

- Reach optimal health
- Enjoy and achieve
- Achieve economic well-being
- Stay safe
- Make a positive contribution

Complaints;

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

Other policies that may also be used in line with this policy;

Child protection policy

SEN policy

Intimate care policy

Complaints procedure.

Emergency procedures

First Aid Policy

References.

'Supporting pupils at school with medical conditions (statutory guidance for governing bodies of maintained schools and proprietors of academies in England)' September 2014. Updated December 2015. Dept. for Education.

Over the counter medication

The staff of Cornerstone Academy Trust seek to ensure that young people with medical needs receive proper care and support within the Trust. A named member of staff will accept responsibility for administering medication when giving or supervising a young person taking agreed medication, specified within this policy, if needed during the school day (and on residential where applicable)

In the event of minor ailments that require over the counter medication rather than prescribed medication, this can be administered by staff if the correct signed forms are completed and the protocol below is followed.

Medication will not be accepted without written and signed instructions from the parent/carer.

Each item of medication must be delivered in its original dispensed container. and handed directly to the class teacher or Receptionist. If the medication needs to be stored in a fridge, it needs to be handed in to the Reception office and relevant forms completed. Emergency medication, e.g Epipens and Ventolin Inhalers, need to be given directly to class teachers and these will be stored in a safe, yet accessible cupboard in the child's classroom or after school provision. Parents/Carers will be asked to complete relevant School Asthma Cards and the Epipen Protocol. Controlled Drugs will be stored in a locked, non-portable container and only named staff will have access to it. All other medication will be locked in first aid cabinets in the child's classroom and relevant forms completed.

Parents/carers should supply the required amount of medication.

The Trust will not accept items of medication which are in unlabelled containers, or not in their original container.

Each item of medication must be clearly labelled with the following information:

- Child's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if any)
- Expiry date (if available)

Where it is appropriate to do so, young people will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them. Please note in the event of a controlled drug such as Methylphenidate (Ritalin), young people may not be allowed to carry these for the safety of other academy users.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a young person's need for medication.

Staff who agree to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the School Nurse.

The Trust will make every effort to continue the administration of medication to a child if taking part in off site activities, such as residential trips. Separate formally agreed arrangements are acceptable on educational visits that involve an on over-night stay.

Medication will only be administered by a member of staff that is happy and competent to do so. The Trust will not force any member of staff to give medication to a child if they are not comfortable in doing so. Staff will be trained in how to complete checks prior to the administration of medication, administering medication and maintaining records. Children are encouraged to administer their own medication where appropriate.

Medication will only be administered if there is a completed consent form in place with dosage requirements and history of the medication given to the child in the last 24 hours.

Once staff have given medication they will record the administered dose, state the time given and will sign to state that it has been given. This includes assisting the child with taking their asthma inhalers. All medication given needs to be documented.

If there is a concern that a child is needing medication more frequently, staff will liaise with parents and the school nurse will be informed.

First Aid Policy

Introduction

This Policy is designed to promote the health, safety and welfare of pupils, staff and visitors to this school through the provision of first aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations 1981.

The first aid appointed person is the Head of Schools.

Aims of the policy

First aid saves lives and ensures that minor injuries and illnesses do not escalate into major ones. The aim of this policy is to ensure that:

- a person is appointed to take charge of first aid arrangements;
- staff nominated as 'first-aiders' receive up-to-date training on courses approved by the Health and Safety Executive (HSE);
- suitably stocked and marked first aid containers are available at all appropriate locations throughout the school;
- all members of staff are fully informed with regard to the first aid arrangements;
- all staff are aware of hygiene and infection control procedures;
- written records are maintained of any accidents, reportable injuries, diseases or dangerous occurrences;
- first aid arrangements are regularly reviewed.

Procedure

First aid will be always available while people are on the school premises and also off the premises while on school visits.

The school's First Aid Policy will be made available for scrutiny.

Risk assessment

On behalf of the Trustee Board, the appointed person will conduct an annual risk assessment of all school buildings and facilities, paying particular attention to:

- practical activities;
- the use of machinery;
- storage of hazardous substances;
- the use of equipment for sports and physical education.

From this assessment a judgement will be made as to how many trained first-aiders are required to provide an effective and safe response to accidents and injuries. A judgement will also be made as to how many fixed and portable first aid containers should be available and where they are to be located.

Specific consideration will be given to staff or pupils who have special health needs or disabilities.

In determining the level of provision the appointed person and the Trustee Board will consider:

- the provision during lunch times and breaks;
- the adequacy of the provision to account for staff absences;
- the provision of first aid for off-site activities and school trips;
- the provision for practical lessons and activities, e.g. science, technology, home economics and physical education.

Qualifications and training

All school first-aiders will hold a valid certificate of competence issued by an organisation whose training and qualifications are approved by the HSE and valid for three years.

Refresher training and retesting of competence will be arranged at least three months before certificates expire.

The school will consider annual refresher training to maintain first-aiders' basic skills and keep them up to date with changes.

The appointed person does not necessarily have to be one of the certificated first-aiders.

The appointed person will:

- line manage the team of first-aiders, monitoring their training and competences;
- look after the first aid equipment, restocking first aid containers when required and replacing out of-date materials;
- ensure that an ambulance or other professional medical help is summoned when appropriate;
- undertake regular risk assessments and liaise with the Trustee Board and Headteacher as appropriate;

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- ensure that all accidents and injuries are appropriately recorded;
- ensure that all members of full-time and temporary staff are familiar with the school's first aid provision.

First aid materials, equipment and facilities

First aid containers will be:

- marked with a white cross on a green background;
- located near hand-washing facilities;
- stocked in accordance with HSE recommendations.

All school minibuses will have a first aid container on board. Portable first aid containers will be available for all school trips and for sporting and other activities that take place over 200 metres from school buildings.

Where it is known that staff or pupils engaged in an out-of-school activity have specific health needs or a disability, the contents of the first aid container will include the resources to meet these specific needs.

The school medical room is the school meeting room. Although this room is used for other purposes, the provision of first aid and medical usage will have absolute priority.

The school has Wall mounted class first aid cabinets-10, same inhaler cabinets, 4 workplace cabinets, medical room has cabinet and 4 bumbag style and defib, emergency portable kit in main reception, 3 kits in kitchen and cabinets in DT room

Information and notices

First aid notices giving the location of first aid containers and the names of members of staff who are certificated first-aiders will be prominently displayed in:

- staff rooms and other common rooms;
- main corridors;
- all locations where sports, physical activities or practical lessons involving machinery or similar equipment, take place.

The school will make every effort to ensure that first aid notices are clear and easily understood by all.

Information on the school's first aid provision will be included in the staff handbook.

Information on the school's first aid provision will be provided in the induction pack given to new and temporary staff.

Hygiene and infection control

All staff will:

- follow basic hygiene procedures;
- be made aware as to how to take precautions to avoid infections, e.g. HIV and AIDS.

All staff will have access to single use disposable gloves and hand washing facilities. Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of

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dressings or other potentially contaminated equipment. Instructions on the disposal of all used dressings or equipment will be included in the first aid containers.

Recording accidents and injuries

All accidents and injuries will be recorded in the OSHENS application and such records will be kept for a minimum of three years.

The record of any first aid treatment given by first-aiders and other appointed persons will include:

- the date, time and place of the incident;
- the name and class of the injured or ill person;
- details of the injury or illness and what first aid was given;
- what happened to the pupil or member of staff immediately afterwards (e.g. went home, resumed normal duties, went back to class or went to hospital);
- the name and signature of the first- aider or person dealing with the incident.

Serious or significant incidents will be reported to parents either by sending a note home with the pupil or by direct contact with the parent or carer.

In an emergency involving outside medical professionals or services the Head of Schools or the appointed person will follow the school's established procedures for contacting a parent or carer.

Reporting accidents to the HSE

The following types of accidents will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):

- accidents resulting in death or major injury (including those that result from physical violence);
- accidents that prevent the injured person from doing their normal work for more than three days.

Review of first aid provision

The Trustee Board and the Headteacher and or the appointed person will review first aid policy and provision at least once every two years.

Current First aiders in school

BCPS	WCPS	YVPS	MCPS
First aid at work Steve Hodge Nina Rothery Jane Pearce Tracey Wills	First aid at work Nina Rothery Tracey Wills Jane Pearce	First aid at work James Green, Carol Grant, Mandy Richard, Adam Morris.	First aid at work Nina Rothery Tracey Wills Jane Pearce
Forest school Marion Baynes Dale Lawson Jack Allen	Forest school Marion Baynes Dale Lawson Jack Allen	Forest school Robbie Keast James Green Adam Morris	Forest school Marion Baynes Dale Lawson Jack Allen

Emergency		Emergency	
Guy Wakefield		Adam Morris.	
Paediatric	Paediatric	Paediatric	Paediatric
Nicky Evans Emily Daniels Tonia Dudley Luke Abrahams Nikki Bates Jane Bishop Carrie Sibbald Emma Wilding- Webb Michael Kimber James Beevor Mark Harrison Marion Baynes Karenza Cordery Carly Newcombe Charlotte Trestrail Lauren Harker Hannah Lobb Elli Grummitt Sam Booth Emma Reeves Joanne Illidge Fran Knight Liz Davidson	Emily Daniels Chris Monkley Jamie-Lea Crick Laura Mercy Tonia Dudley Liz Davidson Molley Sobey Jack Allen Lucy Cooper Erin Partridge Kathryn Henwood Natasha Matthews Nikki Bates Claire Honeywell Deborah Hosford Dale Lawson Fynn Murray Sarah Pettifer Paige Fahy Paige Mitchell Ciara Whateley Rachel Hitchens-Orr Josephine Wadsworth Kelly Stylianidou	Mel Dowson, Claire Baker, Mandy Richard, Natalie Burnham Tonia Dudley Paula Ruddle Suzanne Payne	Emily Daniels Tonia Dudley Haydee Bottard Jemma Raby

Adrenaline Auto-Injector Policy

Guidance on the use of Spare Adrenaline Auto-Injector (AAI).

The use of a Spare Adrenaline Auto-injectors (AAI) in schools is recommended by the Anaphylaxis Campaign, safer schools project, TCAT has agreed to purchase and store spare pens within each of its schools for those children who have been prescribed an AAI. The use of the spare AAI is only for a child who already has a prescribed pen and the paediatrician and parents have agreed/signed to say it can be administered. The use is for when the child's AAI is unavailable or not working.

Children to whom a spare AAI can be administered

The spare AAI in the Emergency Kit should only be used in a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained. Such a plan is available from

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the British Society for Allergy and Clinical Immunology (BSACI) <http://www.bsaci.org/about/page-allergy-action-plans-for-children>.

The school's spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information should be recorded in a pupil's individual healthcare plan. Where a pupil has no other healthcare needs other than a risk of anaphylaxis, schools may wish to consider using the BSACI Allergy Action Plan.

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan. Parents need to inform notified of pupils that have additional health needs, and this information will enable TCAT to compile an allergy register on the medical database:

- Known allergens and risk factors for anaphylaxis.
 - Whether a pupil has been prescribed AAI(s) (and if so what type and dose)
 - Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
 - A photograph of each pupil to allow a visual check to be made (this will require parental consent).
- The register is crucial as in larger schools, it may not be feasible for individual members of staff to be aware of which pupils have been prescribed AAIs. Consequently, schools should ensure that the register is easy to access and easy to read. Schools will also need to ensure they have a proportionate and flexible approach to checking the register.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Children to whom a spare AAI can be administered:

Schools will want to consider when consent for use of the AAI is best obtained but the most appropriate time would be as part of the introduction or development of the individual care plan. Consent should be updated regularly – ideally annually – to take account of changes to a pupil's condition.

The emergency anaphylaxis kit It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

Supply;

We purchase the AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

A template letter which can be used for this purpose can also be downloaded at:

www.sparepensinschools.uk TCAT must pay for them as a retail item. A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to TCAT to decide

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which brand(s) to purchase. Trusts are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

TCAT has considered the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. The dose that has been prescribed by the paediatrician is the dose to be administered.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes. TCAT will ensure that all AAI devices and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed. In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed. Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

Storage and care of the AAI

A school's allergy/anaphylaxis policy should include staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Schools may wish to require parents to take their pupil's own prescribed AAIs home before school holidays (including half-term breaks) to ensure that their own AAIs remain in date and have not expired.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

School trips including sporting activities

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Appendix 1

The following chart details which medication we can administer and for how long

Type of medication	Examples of reasons for administering	Examples of medication	Where there is a health reason to do so we can administer:
Short term non-prescribed	Child requires short term treatment or pain relief which can be treated with over the counter medication	Only Paracetamol, for example Calpol Antihistamine	For 2 consecutive days
Short term prescribed	Child requires short term treatment, or pain relief and has been prescribed a course of treatment by their GP which lasts no more than 2 weeks	Antibiotics Paracetamol, for pain Ibuprofen Aspirin (However this is not recommended for Under 16s) Eye drops Ear drops Cream / lotions Antihistamine	As per the length of time stated on the instructions
Long term prescribed	Child has been diagnosed with a long term condition (which they suffer from regularly or constantly) and has been prescribed a course of treatment by their GP	Epipen Insulin Inhaler Eczema cream Controlled drugs Paracetamol* Ibuprofen* Aspirin*	As and when required

Appendix 2

Form to be completed for medication administered to your child in the last 24 hours



MEDICATION ADMINISTERED IN THE LAST 24 HOURS

Name of pupil:	Class:
Contact no:	Date:
Medical condition of pupil:	
Prescribing Doctor/Surgery:	
Medicine:	
Dose:	

Please state below the medication that your child has received in the last 24 hours:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:

Medicine:	Dose:
Date:	Times given:
Date:	Times given:



MEDICATION TO BE ADMINISTERED IN SCHOOL

Name of pupil:	DOB/Class:
Medical Condition of pupil	Date:
Contact name/ no of parent	
Prescribing Doctor/Surgery:	
Medicine/Expiry Date;	
Dose/Time:	

I give permission for a member of staff to administer the medicine to my son/daughter.

Signed:..... Date:.....

For staff use only:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

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Medication to be given in school.
Child's name;

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:

Medicine:	
Dose:	Time:
Administered by:	Signature:
Date:	Time:



Administration of medicines for residential trips

Name of pupil: _____ Class: _____

Contact no: _____

Medical condition of pupil: _____

Name of prescribing doctor: _____
(if medicine is prescribed)

Medicine: _____

Dose: _____ Frequency of dose: _____

I give my permission for the appointed medical administrator (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is on a residential trip.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____

I give my permission for my son/daughter to carry their asthma inhaler with them whilst on residential and to manage its use.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____

I give my permission for my son/daughter to manage the use of his/her own pen injector for diabetes under staff supervision.

Signed: _____
(Parent or Person with parental responsibility)

Date: _____
(See notes of guidance overleaf)

- 1. This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine, to the Headteacher or his/her nominee.**
- 2. The medicine should be in date and clearly labelled with:**
 - (a) its contents;**
 - (b) the owner's name**
 - (c) dosage;**
 - (d) the prescribing Doctor's name (if medicine has been prescribed).**
- 3. The information given overleaf is requested in confidence, to ensure that the Headteacher is fully aware of the medical needs of your child.**