

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

DATE OF REVIEW: September 2015

DATE OF NEXT REVIEW: Autumn 2017

TO BE REVIEWED BY: Curriculum and
Well Being Committee



DEFINITION

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term - affecting their participation in school activities when they are on a course of medication.
- (b) Long-term - potentially limiting their access to education and requiring extra care and support

RATIONALE

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need. The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. **The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.** The school takes advice and guidance from the local authority and DFE.

AIMS

At Hatherleigh Community Primary School we aim to ensure that all children with medical conditions, in terms of 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.

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policies and procedures
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education wherever possible.
- monitor and keep appropriate records.

ENTITLEMENT

The school accepts that pupils with medical needs should be assisted if at all possible so that they can access the full education available to other pupils. The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

MANAGING MEDICATION

Medication will not be accepted without the completion of the appropriate form –

- Administration of Prescribed Medicines in Schools or
- Parental Agreement for the Emergency Administration of Non-prescribed Medicine.

Only reasonable quantities of medication should be supplied to the school by a responsible person (no more than one week's supply). Each item of medication must be delivered in its original dispensed container and handed directly to the class teacher or to a nominated person authorised by the Headteacher.

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 important)
- Expiry date (if available)

The school will only administer medicines in which the dosage is required 4 times a day i.e. when it cannot be reasonably administered at home, before school, after school and in the evening. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent/carer. Unless otherwise indicated all medication to be administered in the school will be kept in the staff room. Inhalers and epipens may be kept in a place deemed suitable by the class teacher after consultation with the parent.

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 dangerous drug such as Methylphenidate (Ritalin), young people may not be allowed to carry these for the safety of other school users. When Class 1 and 2 drugs (e.g. "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term.

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 volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the School Health Service. School staff will consider carefully their response to requests to assist with the giving of medication and that they will consider each request separately. All doses must be recorded, signed and dated in the medical folder. These records are collated annually and kept in school for reference.

Any medicines brought into school by the staff e.g. antibiotics, pain medication, hayfever medication, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

RESPONSIBILITIES FOR SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

Parents and Carers

Parents should provide the school with sufficient and up to date information about their child's medical needs. If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form. Verbal instructions will not be accepted. Consent forms are available from the school office. Parents should be involved in the development and review of the Health Care Plan. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed at least annually.

Pupils

Pupils with medical conditions will be as involved as possible in discussions about how their condition affects them and their support needs. They should be involved in developing and complying with their own individual health Care Plan.

School Staff

Head teacher – will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the Policy for Supporting Pupils with Medical Conditions and understand their role in its implementation. The Head teacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans (IHCP), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Head teacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School Staff-the school will also work closely with the School Nurse and other agencies such as GPs and Paediatricians, the Local Authority, pupils and parents. They should know what to do and respond accordingly when they become aware that a child has medical needs. They may be asked to administer medicines but cannot be required to do so.

Governing Body - must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should endeavour to ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education as far as is possible. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence. In making their arrangements, Governing Bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. The Governing Body will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body will ensure that the school's arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Admission - Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

Local Authority – are commissioners of school nurses for maintained schools and academies. Under section 10 of the Children Act 2004 they have a duty to promote co-operation between relevant partners such as Governing Bodies, clinical commissioning groups and NHS England with a view to improving the well-being of children. Local Authorities should

- Provide support, advice and guidance including suitable training for school staff
- Work with schools to support pupils with medical needs to attend full time
- Make alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs

INDIVIDUAL HEALTH CARE PLANS (IHCPS)

The Individual Health Care Plan should be completed by Parent(s), designated school staff and school nurse. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

It should include the following information:

- details of a child's condition (triggers, signs, symptoms, and treatments)
- pupil's resulting needs and special requirements e.g. dietary needs, pre-activity precautions, environmental issues
- specific support for the pupil's educational, social and emotional needs, for example how absences will be managed
- the level of support needed
- who will provide this support, their training needs and cover arrangements when they are not available
- separate arrangements required for school trips or extra-curricular activities e.g. risk assessments
- medications and any side effects of the medicines
- what constitutes an emergency and what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency

Sometimes a child may need a 'Safe Systems of Work' plan – e.g., if a child uses a wheelchair, plinth, hoist, special seating. This plan will be put together with the help of outside agencies such as Occupational Therapy and discussed with school staff. These plans will be reviewed as necessary and at least annually.

PEP (PERSONAL EVACUATION PLAN)

For any child with medical needs a Personal Evacuation Plan is written in case of a fire. This plan is shared with all staff, including supply staff, working with the child in order to ensure a safe evacuation if necessary.

STAFF TRAINING

When training is delivered to school staff, the school will ensure that a training record is completed for inclusion in the Health and Safety records. This is for both insurance and Audit purposes. Full training and refresher training is offered to staff for Emergency and Paediatric first aid, Manual handling and any specific training for individual training (tracheotomy, catheterisation, diabetes, asthma, etc.) as appropriate. Training is carried out by the official medical agency involved with the child and family and is regularly reviewed and updated. Clear records are kept of the training by the Head teacher.

INTIMATE CARE

Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate care/medical plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted or any procedure takes place. Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

ADDITIONAL INFORMATION

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. School does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place and this medicine must be prescribed. CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS

On occasion it may be necessary for the school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

REFUSING MEDICINE

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

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An EpiPen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as

competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. **School staff, who are assisting children with inhalers, will be offered training from the school nurse. The Headteacher must ensure that the register of children with asthma is given to class teachers. The admin staff will update it using information provided by parents on data collection forms.**

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. Inhalers are kept in the medical room and a first aid trained member of staff is always on hand to administer. A record is kept of any dose given. If a child has needed their inhaler many times in one day then parents will be informed.
3. Parent(s) should supply a spare inhaler for children who carry their own inhalers. This is stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers **MUST** still be accessible.
11. Class teachers must have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

13. The School has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack. The emergency inhaler and spacer will only be available for pupils who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPOS OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypos"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided the Consent Form should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used. **DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.**

GUIDELINES FOR MANAGING EPILEPSY

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

Seizures may be caused by developmental problems before birth, trauma at birth, head injury, tumour, structural problems, vascular problems (i.e. stroke, abnormal blood vessels), metabolic conditions (i.e. low blood sugar, low calcium), infections (i.e. meningitis, encephalitis) and idiopathic causes. Children who have idiopathic seizures are most likely to respond to medications and outgrow seizures.

FIRST AID

- Stay calm
- Protect student from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the child is completely awake
- Stay with the student until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

EMERGENCY FIRST AID Call 999 if:

- First known seizure
- Seizure lasts more than 5 minutes
- Another seizure begins soon after the first
- The student stops breathing or has difficulty breathing after the seizure
- Student cannot be awakened after the seizure
- There are specific orders to call 999 from the doctor or parent
- The recovery is different than usual
- The need for assistance is uncertain.

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Policy. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

MONITORING

This policy is monitored by the Head teacher, SENCo and the SEND Governor on behalf of the governing body.

Linked policies include:

- SEND policy
- Child Protection/Safeguarding Policy
- Equal Opportunities
- Intimate Care policy
- First Aid policy and procedures
- Health and Safety Policy

See also

Children and Families Act 2014

Supporting pupils at school with medical conditions – statutory guidance from DFE (Sept 2014)
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

Hatherleigh Community Primary School

Notes to Parent / Guardians

- Note 1: This school will only give your student medicine after you have completed and signed this form.
- Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name
- Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.

Prescribed Medication

Date	
Student's name	
Date of birth	
Group/class/form	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the academy needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to the class teacher	
Number of tablets/quantity to be given	

Time limit – please specify how long your student needs to be taking the medication	_____ days/ _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the Academy and medical staff	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at Hatherleigh Community Primary School.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____
(Parent/Guardian/person with parental responsibility)

APPENDIX 2



PARENTAL AGREEMENT FOR THE EMERGENCY ADMINISTRATION OF NON-PRESCRIBED MEDICINE

Please note that, upon completion of this form, the school will administer medication not prescribed by the Doctor on an emergency basis only.

Date	
Child's Name	
Date of birth	
Class	
Name and strength of medication	
How much to be given (i.e. dose to be given)	
When to be given	
Reason for medication	

I give permission for the Headteacher (or her nominee) to administer the medication to my son/daughter on the specific date stated above. I understand that, by completing this form, I am assuming responsibility for any adverse reaction to the medication.

Parent/Carer's signature _____ Date _____

**HATHERLEIGH COMMUNITY PRIMARY SCHOOL
TOILET MANAGEMENT PLAN**

Child's Name	
D.O.B	
Name of Support Staff involved	

Area of need

Equipment required

Location of suitable toilet facilities	
Support required	Frequency of support

Working towards Independence

Child will try to	Personal Assistant will do	Target Achieved
Review Date:		

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior leadership/SENCO

Date.....

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicine?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play? Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care? Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Adviceline Ask an asthma nurse specialist
 0800 121 62 55 asthma.org.uk/adviceline
 9am–5pm, Monday–Friday

Asthma UK Summit House, 70 Wilson Street, London EC2A 2DB
 T 020 7786 4900 F 020 7 256 607 5

asthma.org.uk

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