

## A039: Administration of Medicines

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Adopted by the Governing Body of:

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# **A MODEL POLICY TO SUPPORT SCHOOL ATTENDANCE THROUGH THE EFFECTIVE MANAGEMENT OF THE ADMINISTRATION OF MEDICINES AND OF PUPILS WITH REDUCED MOBILITY**

## **March 2011**

### **INTRODUCTION**

We want all children to have successful and fulfilling lives. By implementing this guidance you will be helping to achieve our shared vision that all children and young people should be healthy, stay safe, enjoy and achieve, and be able to make a positive contribution. The measures outlined in this guidance are one more step towards ensuring that vision becomes a reality. All policy and practice in schools should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up and reflect this aim.

The progress achieved on the Inclusion Agenda and wider changes relating to the health of children and young people mean that schools, early year's settings, Head teachers and Managers in particular, are increasingly concerned about the safe administration of medicines. While this document makes a series of "good practice" recommendations and is recommended for adoption by all schools and early years settings it does not attempt to deal with all health issues of pupils. The Head teacher/ Manager or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

### **PURPOSE OF DOCUMENT**

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

### **ROLES AND RESPONSIBILITIES**

1. All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the Every Child Matters agenda. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all round needs of the child and to enable them to attend school.
2. Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.

3. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.
4. Governing bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies Governing Bodies should take into account the views of parents/carers, the staff and the Head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.
5. The Headteacher/Manager, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs. The headteacher/ manager is responsible for:
  - (a) implementing the policy on a daily basis
  - (b) ensuring that the procedures are understood and implemented
  - (c) ensuring appropriate training is provided
  - (d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.
6. Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care.
7. Off-site education or work experience

Schools are responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for and supportive of regular attendance by students with a particular medical condition. Schools are also responsible for pupils with medical needs who, as part of key stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

Schools should refer to guidance from DfES<sup>1</sup>, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). Generally schools should undertake an overall risk assessment of the whole activity and schools or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remain with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

## PARENTS/CARERS

The Local Authority, schools and early years settings should work in partnership with parents/carers to ensure that their child attends school wherever possible.

8. It is the responsibility of parents/carers to;
  - (a) inform the school of their child's medical needs

<sup>1</sup> *Work Related Learning and the Law* (DfES/0475/ 2004)

- (b) provide any medication in a container clearly labelled with the following;
  - THE CHILD'S NAME
  - NAME OF MEDICINE
  - DOSE AND FREQUENCY OF MEDICATION
  - SPECIAL STORAGE ARRANGEMENTS
  - DATE TO BE USED BY
- (c) collect and dispose of any medicines held in school at the end of each term.
- (d) ensure that medicines have not passed the expiry date.
- (e) ensure that all attempts are made to enable their child to attend school.

## **PUPIL INFORMATION**

- 9. Parents/carers should be required to give the following information about their child's long term medical needs with a responsibility to update it at the 'start of each school year';
  - (a) Details of pupil's medical needs
  - (b) Medication, including any side effects
  - (c) Allergies
  - (d) Name of GP/consultants
  - (e) Special requirements e.g. dietary needs, pre-activity precautions
  - (f) What to do and who to contact in an emergency
  - (g) Cultural and religious views regarding medical care

## **ADMINISTERING MEDICATION**

- 10. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed.
- 11. The Head teacher/Manager will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
- 12. Any member of staff, on each occasion, giving medicine to a pupil should check;
  - (a) Name of pupil
  - (b) Written instructions provided by the parents/carers or doctor
  - (c) Prescribed dose (to be confirmed with a second member of staff)
  - (d) Expiry date

13. Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed.

## STORAGE

14. All medicine will be kept in a locked cabinet in the school/setting administration office, although immediate access to reliever inhalers is essential. Class teachers for early years and primary pupils will store children's inhalers which must be labelled with the pupil's name within the unlocked class room. It is expected that secondary school children will keep their own inhalers as they move around the school. Permission from parents/carers will need to be obtained prior to this. All medicine will be logged onto the school's file.

## RECORDS

15. Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following;

- (a) Name of pupil
- (b) Date and time of administration
- (c) Who supervised the administration
- (d) Name of medication
- (e) Dosage
- (f) A note of any side effects
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

## REFUSING MEDICATION

16. If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

## TRAINING

17. Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

## HEALTH CARE PLAN

18. Where appropriate, a personal Health Care Plan will be drawn up and reviewed annually in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms the asthma care plan may be used if preferable (Appendix 2A). The asthma care plan can be photocopied and one copy can be kept along side the child's inhaler the other will be kept in reception.

## **INTIMATE OR INVASIVE TREATMENT**

19. This will only take place at the discretion of the Head teacher/Manager and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

## **SCHOOL TRIPS**

20. To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

21. Residential trips and visits off site;

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.
- (b) If it is felt that additional supervision is required during any activities e.g. swimming, school/setting may request the assistance of the parent/carer.

Exercise and activity – PE and games/out of hours

Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers are aware of which pupils have asthma.

## **EMERGENCY PROCEDURES**

22. The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix 1A. These guidelines will be available to all staff members and displayed in different areas around the school.

23. All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.

24.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. School should ask the parent/guardian to sign to permit this practice in the case of an emergency in their child's asthma care plan. (See School Health Plan Part 2 for consent proforma.)

## **CARRYING MEDICINES**

25. For safety reasons children are not allowed to carry medication except in the cases of pupils with inhalers in secondary school and with parental/carer permissions. All medicines must be handed to the school administration staff or the class teacher on entry to the school/setting premises.

## ANNEX A

# What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

### Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

### Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

### Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

**If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.**

### Common signs/symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

### After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an asthma attack.



## Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- ❖ In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Generally staff should not take pupils to hospital in their own car.

Recommendations on the management of acute asthma in children in primary care and asthma in the school setting are taken from the British Guideline on the Management of Asthma (BTS & SIGN 2010) and Asthma UK.

**ANNEX B: FORMS (Forms taken from DCSF Guidance 2005 The forms underlined are the ones we feel to be useful. We feel that these could be personalised to Manchester.)**

- Form 1**      Emergency planning - request for an ambulance
- Form 2**      Healthcare Plan
- Form 2 A**    Asthma Health care plan/recordings
- Form 3 A**    Parental agreement for school/setting to administer medicines
- Form 3 B**    Parental agreement for school/setting to administer medicines
- Form 4:**     Head teacher/Head of setting agreement to administer medication
- Form 5:**     Record of medicine administered to an individual
- Form 6:**     Record of medicines administered to all children
- Form 7:**     Request for child to carry his/her own medicine
- Form 8:**     Staff training record - administration of medicines
- Form 9:**     Authorisation for administration of rectal diazepam

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

Versions of these forms are available from <http://www.teachernet.gov.uk/medical>

## FORM 1 - Contacting Emergency Services

### Request for an Ambulance

#### Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone

**FORM 2 - Healthcare Plan**

Name of School/Setting \_\_\_\_\_

Child's name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

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

**CONTACT INFORMATION**

**Family contact 1**

**Family contact 2**

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

**Clinic/Hospital contact**

**GP**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe medical needs and give details of child's symptoms:

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Daily care requirements: (e.g. before sport/at lunchtime)

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

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Follow up care:

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Who is responsible in an Emergency: (State if different for off-site activities)

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Form copied to:

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**Form 2a**

**School Asthma Health Plan**

Date Completed \_\_\_\_\_

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 <sup>st</sup> contact)	
(2 <sup>nd</sup> contact)	
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No  
 Not always  
 Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? <span style="float:right">Yes/No</span>			
<b>If only required during a common cold please circle:</b> <span style="float:right">With colds only</span>			
<b>Medication:</b>	<b>Strength</b>	<b>Dose</b>	<b>When to be taken</b>
			<b>Before activity:</b> <b>May need before, during and/or after.</b> <b>Staff to observe.</b> Aim to get through activity without symptoms if possible.

**My child's asthma triggers:** *(please tick the appropriate boxes of your child's triggers)*

<input type="checkbox"/> Cold air	<input type="checkbox"/>	<input type="checkbox"/> Colds / viral infections	<input type="checkbox"/>	<input type="checkbox"/> Pollen	<input type="checkbox"/>	<input type="checkbox"/> Stress/anxiety	<input type="checkbox"/>
<input type="checkbox"/> Changes in weather	<input type="checkbox"/>	<input type="checkbox"/> Exercise	<input type="checkbox"/>	<input type="checkbox"/> Dust	<input type="checkbox"/>	<input type="checkbox"/> Emotion/ Excitement	<input type="checkbox"/>
<input type="checkbox"/> Damp / mould	<input type="checkbox"/>	<input type="checkbox"/> Night	<input type="checkbox"/>	<input type="checkbox"/> Pets	<input type="checkbox"/>	<input type="checkbox"/> Cigarette smoke	<input type="checkbox"/>
Other: Observe for any unknown triggers							

**Relief treatment when needed**

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below.  
 After 5-10 minutes the child should feel better & be able to return to normal activities.

<b>Medication</b>	<b>Strength</b>	<b>Dose</b>	<b>When to be taken</b>
			<b>4 hourly as and when required</b>

**Expiry date** \_\_\_\_\_ **Sign by parent/Guardian** \_\_\_\_\_

**In an Emergency**

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

**What to do**

Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs  
 After 5-10 minutes the child should feel better & be able to return to normal activities.

**If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance**

Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives. Inform the child's parents.

Parent / Guardian Name _____ signature _____ Date _____ :
Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other:
Name _____ signature _____ Date _____
Review Date: _____

**School Asthma Health Plan - Part 2**

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

**If yes please provide full details:**

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**This would only happen in an emergency situation**

Parent / Guardian Name _____ signature _____ Date _____ :
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**Note**

Inhalers must be in the original container as dispensed by the pharmacy.

<b>Record of medication</b>					
Date					
Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					

<b>Record of medication</b>					
Date					
Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					



**FORM 3A**

**Parental agreement for school/setting to administer medicine**

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

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

**Contact Details**

Name:

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Daytime Telephone No:

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Relationship to Child:

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Address:

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I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

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Signature(s):

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Relationship to child:

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**FORM 3B**

**Parental agreement for school/setting to administer medicine**

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

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**FORM 4**

Name of School/Setting \_\_\_\_\_

It is agreed that \_\_\_\_\_ *[name of child]* will receive \_\_\_\_\_  
*[quantity and name of medicine]* every day at \_\_\_\_\_ *[time medicine to be*  
*administered e.g. Lunchtime or afternoon break].*

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ *[name of member of staff].*

This arrangement will continue until \_\_\_\_\_ *[either end date of course of medicine or*  
*until instructed by parents].*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*

**FORM 5**

**Record of medicine administered to an individual child**

Name of School/Setting \_\_\_\_\_

Name of Child \_\_\_\_\_

Date medicine provided  
by parent \_\_\_\_\_

Group/class/ form \_\_\_\_\_

Quantity received \_\_\_\_\_

Name and strength of  
medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_

Dose and frequency of  
medicine \_\_\_\_\_

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

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff \_\_\_\_\_

Staff initials \_\_\_\_\_

**FORM 6**

**Record of medicines administered in school/setting to all children**

Name of School/Setting \_\_\_\_\_

<b>Print Name</b>									
<b>Signature of Staff</b>									
<b>Any Reactions</b>									
<b>Dose given</b>									
<b>Name of Medicine</b>									
<b>Time</b>									
<b>Child's Name</b>									
<b>Date</b>									

**FORM 7**

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School/Setting: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an  
emergency: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



**FORM 8**

**Staff training record - administration of medicines**

Name of School/Setting: \_\_\_\_\_

Name: \_\_\_\_\_

Type of training received: \_\_\_\_\_

Date of training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_

I confirm that \_\_\_\_\_ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

**Trainer's signature and designation:** \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

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

Date: \_\_\_\_\_

Suggested Review Date: \_\_\_\_\_

**FORM 9**

**Authorisation for the administration of rectal diazepam**

Name of School/Setting \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

GP \_\_\_\_\_

Hospital consultant \_\_\_\_\_

\_\_\_\_\_ [name of child] should be given Rectal Diazepam \_\_\_\_\_ mg. If he/she has a  
\*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes

**OR**

\*serial seizures lasting over \_\_\_\_\_ minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after \_\_\_\_\_ minutes.

(\* please delete as appropriate)

Doctor's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: Authorisation for the Administration of Rectal Diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**