Guidance on the Administration of Medicines in Schools
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1. Introduction

Many pupils will need to take medication in school at times. In most cases the administration of medication will be short-term. Other pupils have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education and the administration of medication in these circumstances is likely to be long term. Some children have conditions that also require emergency treatment and plans e.g. severe allergic conditions (anaphylaxis) or epilepsy. Pupils with such conditions are regarded as having health care needs and may require some support or reasonable adjustments to be fully included in the life of the school.

It is important for the school to have sufficient information about the medical needs of any pupil who requires support in school. Early warning of needs will allow necessary plans, procedures and monitoring processes to be put in place. The school therefore needs to know about any health needs before a child starts school, or when a pupil develops a condition requiring the administration of medication during the school day.

This guidance is based on ‘The Administration of Medication in Schools’ (Scottish Executive 2001) which should be used to help formulate school policy along with ‘Helping Hands’ (SOEID) to support best practice in intimate care.

2. Pupil Wellbeing

It is important that responsibility for pupils’ safety is clearly defined and that each person involved in supporting pupils with health needs is aware of what is expected of them. Schools should carefully consider how best to alert relevant staff to the need for the administration of medication and the content of any health care plans. Schools should carefully consider how to support health needs in the least intrusive and most respectful way. This is best undertaken by involving pupils and parents in planning how their medical needs will be met.

3. Working in Partnership with Parents

Parents and carers have prime responsibility for their child’s health and must provide schools with information about their child’s health needs when first enrolling. School transition arrangements should take account of the requirement for effective planning of how to meet health needs. Parents and carers should make contact with the school, at the earliest opportunity, where medical conditions are discovered during the pupils’ schooling. This will allow appropriate plans to be developed and agreed.

It is helpful if, where possible, medication can be prescribed in dose frequencies, which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.
3.1. **Non-prescription Medicine**

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers in the original container, labelled with their child’s name and with written instructions about when their child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken. It is anticipated that some secondary aged pupils will take responsibility for self-medicating and young people should inform staff of their desire to do so to allow for appropriate record keeping. The form in Appendix 1 will support schools in collecting this information. The information on this form should be reviewed every 28 days.

3.2. **Record Keeping**

Parents/carers are responsible for supplying information about medicines that need to be taken in school and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details of the:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

Schools across Aberdeen City make use of the form in Appendix 2 to gather the information when the school is asked to support the administration of medication. Upon receipt of the form, schools should ensure that there is clarity around who will support the administration of medication and that the instructions contained within the form are effectively communicated with relevant staff. The information on this form should be reviewed every 28 days. The form in Appendix 5 should be issued to parents to confirm that medication will be administered in line with the parental request.

When a child has longer term needs parents should, in collaboration with the pupils, health professionals and the Headteacher, reach an understanding on the school’s role in helping support the health care needs. This understanding should form the basis of a Health Care Plan. The Headteacher should seek parents’ and pupils’ agreement before passing on information to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil. Parents’ and pupils’ cultural and religious views should always be respected.

The standard health care plan template used is available in Appendix 4 and should be completed as soon as reasonably possible and prior to admission where possible.

4. **Headteacher / School Responsibility**

Many pupils will need to take medication (or be given it) at school at some time in their school life. Pupil Support Assistants support the administration of medication in Aberdeen City schools. Mostly this will be for a short period only, e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential and with the agreement of the headteacher.
4.1. **Managing Staff**

The headteacher must ensure that those supporting health needs receive proper support and training where necessary. The headteacher should ensure that training has given staff sufficient understanding, confidence and expertise to support the child/young person. Those administering medication/supporting health care needs will be undertaking this task in the course of their employment. This means that in the event of legal action over an allegation of negligence by the member of staff, the employer is likely to be held responsible if that negligence is proved. It is good practice to keep a signed and dated record of training received by staff. The Head Teacher must ensure that systems are in place for the appropriate recording and witnessing of the administration of medication in keeping with this guidance. Appendix 3 will guide staff to administer medication in keeping with this guidance.

*All* staff who provide support for pupils with health care needs, or administer medication, should receive support from the Headteacher, health service professionals and parents, access to information and training, and reassurance about their legal liability.

Any member of staff giving medication to a pupil should check:

- The pupil’s name
- Written instructions provided by the parents or doctor
- The prescribed dose
- Expiry date
- Dose frequency
- Any additional or cautionary labels

It is good practice to allow pupils to manage their own medications from a relatively early age and schools should support and encourage this. If pupils can take their medication themselves, staff may only need to supervise and record this. Consideration should be given to facilities to afford the child privacy. Parents should complete the form in Appendix 1 when pupils are managing their own medication. The information on this form should be reviewed every 28 days.

Staff who may need to deal with an emergency will need to know about a pupil’s health care needs. The Headteacher must make sure that supply/visiting teachers are also fully informed. When work experience for a pupil has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for a pupil with a particular medical condition. Similar considerations apply when a pupil attends another establishment for part of their course. In both circumstances the Headteacher should ensure that organisers are aware of relevant medical conditions.

4.2. **Hygiene/Infection Control**

All staff should be familiar with precautions for avoiding infection and must follow basic hygiene procedures. Where advice on infection control is required school nurses usually have access to an infection control nurse. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Further guidance can be found in “Management of outbreaks of gastrointestinal infection in schools”.

4.3. **School Trips**

Sometimes the school may need to take additional safety measures for outside visits. Consideration should be given to the appropriate lines of communication in an emergency.
Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures. Sometimes an additional member of staff or parent might accompany a particular pupil. It is expected that the good practice contained within this guidance will be followed at all times including during school trips. The Aberdeen City Educational Visits Policy forms should be used to gather information on medical needs. Parents who have failed to return the medical forms should be supported to complete them as incomplete forms would result in the pupil not being able to participate. The administration and recording of medicines administrated on school trips should be in accordance with this guidance.

4.4. Emergency Procedures

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Wherever possible a pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil’s parent arrives. The member of staff should have details of any health care needs and medication the pupil has. Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. Wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

4.5. Communicating with others / Confidentiality

Co-ordinating and disseminating information on an individual pupil with health care needs, particularly in secondary schools, can be difficult. The Headteacher may give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff, liaise with external agencies and should keep the Named Person informed of any significant information that should be recorded within the child’s chronology.

The Headteacher and school staff should treat medical information confidentially. Information on a pupil’s health care needs is likely to be sensitive data covered by the Data Protection Act 1998. Care must therefore be taken to ensure that consent is obtained before passing information to another party. By virtue of the Age of Legal Capacity (Scotland) Act 1991, a person under the age of 16 has legal capacity to consent to any surgical, medical or dental procedure if, in the opinion of a health professional, that person is capable of understanding the nature of the treatment. Any exchange of information should be with the consent of the child/young person (if he/she has the necessary capacity to understand why) or otherwise the parent or guardian. Once consent has been obtained sensitive information about a pupil should be shared only with those who need to know. Escorts and others should only be told what is necessary for them to know to keep the child safe.

Schools should retain completed forms appended to this guidance. Records offer protection to staff and proof that they have followed agreed procedures. Completed records of administering medication should be kept on file in case the administration of medication is ever questioned.

The Pupils' Educational Records (Scotland) Regulations 2003/581 require authorities to keep pupil’s progress records including health records for 5 years after the pupils’ final attendance at school.

The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with health care needs. The Headteacher is responsible for implementing
the school policy in practice and for developing detailed administrative procedures for meeting the health care needs of pupils. The Headteacher will need to agree with the parents exactly what support the school can provide for a child with health care needs. Where there is concern about whether the school can meet a pupil’s needs, or where the parents’ expectations appear unreasonable, the Headteacher can seek advice from the school nurse or doctor, or other medical advisers and, if appropriate, Officers from the Authority.

4.6. Further Information

Storing Medication
Schools should not store large volumes of medication. Parents should be asked to supply weekly or monthly supplies of the doses to be taken at school, in their original container with the name of the pupil, the name of the drug, the dosage frequency and expiry date. This may require parents to obtain a separate prescription for the medication to be taken at school.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. Only appropriate health professionals should ever transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Most schools allow pupils to carry their own inhalers when they are able to do so. Other medicines should generally be kept in a secure place not accessible to pupils and some may require to be refrigerated.

Pupils must have access to their medicine when required. The school may want to make special access arrangements for emergency medication that it keeps and should carefully consider the speed of access to these medications over the course of the school day including over breaktimes and lunchtimes. It is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the school’s policy about pupils carrying their own medication.

If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet. Where a child is managing medication themselves they normally should not be expected to give up their medication for storage. In allowing children to retain medication an assessment needs to be made of the potential risk to others.

Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerator should be considered. The school should restrict access to a refrigerator holding medicines.

Particular care needs to be taken where a school stores controlled drugs such as methylphenidate.

5. Staff

Staff who provide support for pupils with health care needs, or administer medication, need support from the Headteacher, health service professionals and parents, access to information and training, and reassurance about their legal liability. If staff follow this guidance they will be fully covered by Aberdeen City Public Liability insurance, a copy of which is available in all schools.
If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action. Staff administering medication must be aware of this guidance and be witnessed administering all medication.

Staff administering prescribed medication to a pupil should have appropriate training and guidance. He or she should also be made aware by a health professional of possible side effects of the medication, how staff can recognise these side effects and what to do if they occur.

School staff should not administer medication without appropriate training from health professionals. Different levels of training will be required for different medications. Some medications, such as administering medication in tablet form, a discussion with a manager around who will administer and witness may be appropriate. In other cases training should be organised in conjunction with the NHS Board, who will be able to advise on further training needs.

School staff should not dispose of medicines. Date expired medicines or those no longer required for treatment should either:

- with the parent’s consent be removed by a community pharmacist, or
- returned to the parent/carer for transfer to a community pharmacist for safe disposal.

Medicines which are in use and in date should be collected by the parent/carer at the end of each term/session depending upon the expiry dates.

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

Staff noticing an apparent deterioration in a pupil's health should inform the Named Person.

5.1. General Awareness

The most common medical conditions in school age children which require support, are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe) and cystic fibrosis. Irrespective of whether staff in schools support pupils with health care needs and administer medication to these pupils they all may come into contact with such pupils during the course of a school day. A basic understanding of these common conditions may help staff recognise symptoms and seek appropriate support. A programme of general awareness training for staff, particularly support staff, may be helpful.

NHS Boards, NHS Trusts or other health professionals should provide basic awareness training for education staff and specific training for those administering regular or emergency medication. Voluntary agencies which focus on particular concerns also provide an invaluable source of information and awareness training for education staff.

It is best practice for staff to complete and sign Appendix 3 each time they give medication to a pupil. Wherever practical the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and parents should be made aware through the health care plan where this may arise.

5.2. Refusal of Medication

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child’s parents as a matter of urgency if the child is below the age of legal capacity. If necessary, the school should call the emergency services for an ambulance.
6. **School Policy**

A school policy needs to be clear to all parents and pupils. The school could include this in its prospectus or in other information for parents. The policy should make clear that parents/carers should keep children at home when they are unwell and should cover the schools approach to the administration of medication.

A policy might cover:

- The circumstances, if any, in which children may take non-prescription medication e.g. pain killers (analgesics)
- The school’s policy on assisting pupils with long term or complex health care needs
- Clarification of the authority’s indemnity arrangements
- The need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child
- Policy on pupils carrying and taking their medication themselves
- Staff training in dealing with health care needs
- Record keeping
- Storage and access to medication
- The school’s emergency procedures.

7. **Healthcare Plan**

The main purpose of an individual school health care plan for a pupil with health care needs is to identify the level and type of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents and medical practitioners how often they should jointly review the health care plan depending on the health care needs.

In some instances the necessary details contained in a health care plan may be contained in other plans such as a Child’s Plan. Where this is the case a separate health care plan will not be necessary. Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. The need for a health care plan and the medical detail of such a plan should only be assessed by a health professional. It is not anticipated that detailed plans will be required for short term needs where a child for example is taking a course of antibiotics. In such cases it would be sufficient to record details of the medication, time of administration and any possible side effects. More detailed plans will be required for those with long term needs.
Those who will need to contribute to a detailed health care plan are:

- the School Health Service, the child’s GP or other health care professionals (depending on the level of support the child needs)
- the Headteacher /Named Person
- the parent or guardian
- the child (if sufficiently mature and capable of understanding)
- class teacher (primary schools)/form teacher/guidance teacher (secondary schools)
- support staff (if applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures.

Others who may be able to offer a contribution are:

- social worker
- voluntary organisations specialising in a particular medical condition.

The plan should be tailored to the individual needs of the pupil but could include:

- details of a pupil’s condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- where medication is stored
- the role the school can play

8. **Aberdeen City Council**

Aberdeen City Council as the employer is responsible under the Health and Safety at Work etc Act 1974, for all health and safety matters relating to both employees and others who may be affected by their activities. This will include making sure that a school has a health and safety policy. This should include procedures for supporting pupils with health care needs, including managing medication. The Health and Safety Website provides advice on health and safety law.

This guidance should be reflected in individual school policies and practices. A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with health care needs receive proper care and support at school. As far as possible, policies should enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff should back up the policy.

9. **NHS Grampian**

9.1. **The School Health Service**

The School Health Service can provide advice on health issues to children, parents, teachers and local authorities. The main contact for schools is likely to be the school nurse. The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with health care needs.

NHS Grampian has a statutory duty to commission services to meet the health needs of their local population. NHS Grampian also has the responsibility for securing the medical inspection,
medical supervision and treatment of pupils in schools, including the administration of medicine and education authorities will help them to discharge this responsibility. NHS Grampian, Aberdeen City Council, and schools should work in co-operation to determine need and plan and co-ordinate effective local provision within the resources available.

9.2. The School Nurse/Doctor

Most schools will have contact with the health service through the School Health Team. The Community Paediatrician is a specialist doctor within the School Health Team with an interest in disability, chronic illness and the impact of ill health on children and is responsible for health services within schools. At individual school level the services will be provided by the school nurse and school doctor who make up the School Health Team.

The School Health Team nurse or doctor will help schools draw up individual health care plans for pupils with health care needs, and may be able to supplement information already provided by parents and the child’s GP. The nurse or doctor may also be able to advise on training for school staff, or take responsibility for other aspects of support.

Some pupils with health care needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of a NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.

9.3. The General Practitioner (GP)

GPs are part of primary health care teams. Parents are encouraged to register their child with a GP as soon as possible. In most circumstances it will be more practical for schools to seek information and advice from the School Health Service rather than the GP.

9.4. Other Health Professionals

Other health professionals may also be involved in the care of pupils with health care needs in schools.

Pharmacists employed by Primary Care Trusts provide pharmaceutical advice to School Health Services. Some Community Service pharmacists also work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling, dispensing and disposal of medicines.

Therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and the advice of the dietician may be particularly relevant to children with major illness, those affected by serious injury or children with health care needs. Positive approaches to partnership and involvement in planning and monitoring progress are crucial.

Many voluntary organisations specialising in particular medical conditions provide advice on good practice or produce school packs advising teachers on how to support pupils.

The Consultant In Public Health Medicine, Communicable Disease and Environmental Health or the Community Paediatric Service can advise the Headteacher on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.
10. **Appendix 1**

Form for parents to complete if they wish their child to carry his/her medication.

** This form must be completed by parents/guardians

<table>
<thead>
<tr>
<th>Pupil’s Name</th>
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<tbody>
<tr>
<td>Class</td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Condition or illness</td>
<td></td>
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<tr>
<td>Name of Medication</td>
<td></td>
</tr>
<tr>
<td>Procedure to be taken in emergency</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Daytime telephone number</td>
<td></td>
</tr>
<tr>
<td>Relationship to child</td>
<td></td>
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</table>

I would like my son/daughter to keep his/her medication on him/her for use as necessary and have discussed the importance of adhering to the guidance for this medication.

Signed ........................................................................................................... Date / /

Relationship to child ...............................................................................................................................

The information on this form should be reviewed every 28 days.
11. **Appendix 2**

Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medicine.

**Details of Pupil**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
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<tbody>
<tr>
<td>Signature of Parent</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>M</td>
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<tr>
<td>Class</td>
<td></td>
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<tr>
<td>Condition or illness</td>
<td></td>
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**Medication**

<table>
<thead>
<tr>
<th>Name/Type of Medication (As described on the container)</th>
<th>For how long will your child take this medication?</th>
<th>Date dispensed</th>
<th>/</th>
<th>/</th>
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<tbody>
<tr>
<td>Full Directions for use</td>
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<td>Dosage and method</td>
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<td>Timing</td>
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<td>Special precautions</td>
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<td>Side effects</td>
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The information on this form should be reviewed every 28 days.
12. **Appendix 3**

Form for schools to record details of medication given to pupils

<table>
<thead>
<tr>
<th>Date</th>
<th>Pupil’s name</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Dose given</th>
<th>Dose missed / reason</th>
<th>Any reactions</th>
<th>Signature of staff</th>
<th>Print Name</th>
<th>Witnessed by</th>
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### 13. Appendix 4

**Medication in Schools for Pupils**

Health Care Plan for a Pupil with Medical Needs

<table>
<thead>
<tr>
<th>Name of Pupil</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Condition</td>
<td></td>
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<tr>
<td>Class</td>
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</table>

#### Contact Information

**Family contact 1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number: (home)</th>
<th>(work)</th>
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</thead>
<tbody>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
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</tbody>
</table>

**Family contact 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number: (home)</th>
<th>(work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GP**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Clinic / Hospital Contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Plan prepared by:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Date</th>
</tr>
</thead>
</table>

**Distribution**

<table>
<thead>
<tr>
<th>School Doctor</th>
<th>School Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Other</td>
</tr>
</tbody>
</table>
Describe condition and give details of pupil’s individual symptoms:

<table>
<thead>
<tr>
<th>Medication</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of dose</td>
<td></td>
</tr>
<tr>
<td>Method and time of administration</td>
<td></td>
</tr>
</tbody>
</table>

Daily care requirements (e.g. before sports, dietary, therapy, nursing needs)

Action to be taken in an emergency

Follow up care

Members of staff trained to administer medication for this child

(State if different for off-site activities)

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of:

(Insert Child’s name)

Signed .......................................................... Date / / 

Parent or Guardian (Or pupil if above legal age of capacity)
14. **Appendix 5**

Form for schools to complete and send to parent if they agree to administer medicine to a named child

<table>
<thead>
<tr>
<th>I agree that (name of child)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>will receive (quantity and name of medication)</td>
<td></td>
</tr>
<tr>
<td>Everyday at (time medication to be administered e.g. lunchtime or afternoon break.)</td>
<td></td>
</tr>
<tr>
<td>This child will be given/supervised whilst he/she takes their medication by (name of staff)</td>
<td></td>
</tr>
<tr>
<td>This arrangement will continue until (Either end date of course of medicine or until instructed by parents.)</td>
<td></td>
</tr>
</tbody>
</table>

**Signed**…………………………………………………………… **Date** / /  

*The Headteacher / named member of staff*