



**Cherry Orchard Primary School**  
**Medical Needs Policy**



**Approved: July 2019**  
**Review date: July 2021**

At Cherry Orchard Primary School, our Core Values of courage, honesty, equality, respect, understanding and friendship underpin the ethos of our school. We are a rights respecting school and recognise that every child has the right to the best possible health.

**Rationale**

The number of pupils attending mainstream schools who have specific medical needs is increasing.

Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education.

Most children with medical needs are able to attend school regularly and, with appropriate support from family and school, can take part in the normal school activities. However, for children with long term, complex or very individualised medical needs, there needs to be careful planning by school, parents/carers, medical and other professionals to maximise curriculum access and to safeguard the child. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Our school will do all it can to encourage, support and care for children with medical needs in order to ensure they maintain maximum attendance at school and have full access to the curriculum.

We recognise that there are an increasing number of conditions such as hay fever, allergies and asthma affecting many school age children and positively welcome all pupils with these conditions.

We work with parents/carers of children with complex or long-term medical needs to agree and implement individual healthcare plans.

We provide whole school training on health issues affecting all children and appropriate training for staff volunteering to support individual healthcare plans.

Our school reviews its procedures around the administration of medication, the development of healthcare plans and support for pupils with asthma in consultation with parents/carers, health care professionals and staff and on a regular basis. This policy and its related procedures provide the framework within which the medical needs of pupils are be managed.

**Key roles and responsibilities**

**a) *The Local Authority (LA) is responsible for:***

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivery.

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3. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

**b) The Governing Body of Cherry Orchard Primary School is responsible for:**

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to, protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that records of training are kept. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of any and all medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

**c) The Headteacher/Authorised person is responsible for:**

*(The Head teacher can authorise a named member of staff to manage procedures. This member of staff would then become the 'Authorised Person'.)*

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures at Cherry Orchard Primary School
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Ensure staff receive relevant information on specific medical support/needs of individual pupils on a need to know basis.
- 5) Developing Individual Healthcare Plans with appropriate professionals. (IHPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

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- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection.
- 11) Assigning appropriate accommodation for medical treatment/care.
- 12) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

**d) Staff members are responsible for:**

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 2) Knowing where medication is stored.
- 3) Taking account of the needs of pupils with medical conditions in lessons/on Educational Visits and completing the risk assessment to reflect this.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- 6) Informing a senior member of staff if they become aware that a child has a medical condition.

**e) School nurses are responsible for:**

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher/authorised in identifying training needs and providers of training.

**f) Parents and carers are responsible for:**

- 1) Administering medicines at home if possible.
- 2) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 3) Participating in the development and regular reviews of their child's IHP.

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- 4) Notifying school of any changes required to the plan, for example treatment, symptoms, contact details.
- 5) Completing a parental consent form to administer medicine or a treatment on bringing medication/treatment into school.
- 6) Ensuring that their child has a sufficient amount of medication which is in date.
- 7) Replacing their child's supply of medication on request.
- 8) Safely disposing of their child's in date-expired medicines, for example returning them to a pharmacy.
- 9) Ensure that all medicine is provided in its original container with the label. Whether from the pharmacist or if over the counter the following should be labelled:
  - Child's name, date of birth
  - Name and strength of medicine
  - Dose
  - Any additional requirements, for example to take the medication with food etc
  - Expiry date
  - Dispensing date or date of purchase.
- 10) Carrying out actions assigned to them in the IHP with particular emphasis on them, or a nominated adult, being contactable at all times.
- 11) Ensuring that their child has access to the medication needed on their journey to and from school.

**g) Pupils are responsible for:**

- 1) Providing information on how their medical condition can affect them.
- 2) Contributing to their IHP as appropriate to age.
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents- as appropriate to age.

**h) Training of staff**

- a. Newly appointed teachers, supply or agency staff are made aware of the 'Cherry Orchard Primary School Medical Needs Policy as part of their induction and will receive training as appropriate.
- b. The clinical lead for each training area/session will be named on each IHP as appropriate.
- c. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition for example use of epi-pens or administration of epilepsy medication.
- d. School will keep a record of medical conditions, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

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**i) Medical conditions register /list**

- 1) School's admissions forms should request information on pre-existing medical conditions. Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- 2) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff.
- 3) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- 4) For pupils on the medical conditions list, key stage transition point meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

**j) Individual Healthcare Plans (IHPs)**

1) Where necessary (Head teachers will make the final decision) if an Individual Healthcare Plan (IHP) will be developed. IHPs should be developed in collaboration with the pupil, parents/carers, appropriate member of school staff and medical profession.

Medical information folders and IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Safeguarding procedures will be taken into account in ensuring accessibility.

- a. IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- b. Where a pupil has an Education, Health and Care Plan or special needs statement, the IHP will be linked to it or become part of it.
- c. Where a child is returning from a period of hospital education, alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

**k. Transport arrangements**

- a. Where a pupil with an IHP is allocated school transport the school should invite a member of DCC Transport team, who will arrange for the driver or escort, to participate in the IHP meeting. A copy of the IHP will be copied to the transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the transport team will ensure that the information is supplied when a change of operator takes place.
- b. For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialized support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- c. When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- d. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

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#### **l. Education Health Needs (EHN) referrals**

- a. All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- b. In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

#### **m. Medicines**

1. Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours; this includes those prescribed three times a day – before school, after school and bed time.
2. If this is not possible i.e. medicine prescribed four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
3. No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
4. Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
7. A maximum of four weeks' supply of the medication may be provided to the school at one time.
8. Any medications left over at the end of the course will be returned to the child's parents.
8. Written records will be kept of any medication administered to pupils.
9. Pupils will never be prevented from accessing their medication.
10. Emergency salbutamol inhaler kits are kept voluntarily by school.
11. General posters about medical conditions (diabetes, asthma, epilepsy etc.) are visible in the staff room
12. Cherry Orchard Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
13. Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

#### **n). Record Keeping**

- a. A '*Record of Medicine Administered to an Individual Child*' form is completed and signed giving details of the date, time and dose of any medication administered in school- unless the medication is given as part of an asthma care plan, for example before PE.
- b. Parents will be informed on the same day and a record kept if, for any reason, medication that a child normally receives is not administered.
- c. Care plans are reviewed regularly, at least annually and whenever there are changes to the pupil's

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condition or treatment. A new care plan will usually be required if a child moves school

- d. Information about medical conditions is shared with staff as appropriate- each class teacher has access to information about medical issues for their class and care plans are kept with medication as well as in staff rooms.. In addition, the Pastoral Team hold original copies of documents.
- e. Documents connected to a pupils medical needs and the administration of medication will be kept until the child is 25 years old in accordance with the Department of Health requirements.

**p) Emergencies**

1. Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
2. Care plans will give details of how to deal with specific emergencies relating to a pupil's medical needs, including when and what medication should be administered.
3. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
4. If in doubt an ambulance will always be called; staff will not be permitted to take a child in their own car to a hospital.
5. If a pupil needs to be taken to hospital, a member of staff will accompany the child whilst in the ambulance and will remain with the child until their parents arrive.
6. If a parent is not present then health professionals, and not school staff, will be responsible for decisions about medical treatment that the child requires.

**q) Storage of Medication**

1. Medication is stored in a location known to staff and pupils.
2. Items requiring refrigeration may be kept in a clearly labeled closed contained in the medical refrigerator kept in each key stage.
3. The heat in classrooms will be monitored and if it is exceptionally hot during the summer months, medicines will be kept in the refrigerator during key times.

**r) Disposal of any sharp items**

1. If needed, suitably sized sharp bins will be made available. They will be located in designated areas at a safe position of waist height with a temporary closure mechanism for when the bin is not used.
2. It is the personal responsibility of the individual using the sharp to dispose of it safely ie the pupil or member of staff.
3. Sharp bins will be emptied when two thirds full. Children should not carry used sharp bins to and from school themselves, therefore arrangements for disposal will be outlined in the child's Care Plan.

**s) Day trips, residential visits and sporting activities**

1. Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

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2. To comply with best practice, risk assessments should be undertaken, in line with H&S guidance on school trips, to plan for including pupils with medical conditions. This may differ from the normal day to day IHP requirements for the school day and must be taken into account.
3. If pupils do not normally administer their own medication then a trained member of staff or parent(s) should accompany the child on the off-site activity.
4. Staff who run or organise after school clubs or extra curriculum activities will be informed of the medical needs of children and how to deal with a medical emergency.
5. Parents need to separately provide information/medication for private wrap- around services about their child's health needs.

**t) Over the Counter Medicines**

- 1) OTC medicines can be administered to pupils on the same basis as prescription medication i.e. where medically necessary, with the parents' consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupils Care Plan, if one is in place.
- 2) Parents will be informed if OTC medication has been administered that day and it is good practice to ask the parent to sign the 'School Record of Medication Administered' to acknowledge that the school has told them that you have given the agreed medication.
- 3) The dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time of the most recent dose.
- 4) **Specific types of over the counter medication include:**

**Analgesics (Painkillers)**

- For children who regularly need analgesia, such as paracetamol (e.g. for a migraine) an individual supply of the analgesic can be kept in school, labeled for that child only.
- Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

**Methylphenidate (Eg Ritalin, Metadate, Methylin)**

- Methylphenidate is stored in a locked non-portable container and place to which only named staff have access.
- A record is kept when new supplies of Methylphenidate are received and a record of when the drug is administered
- A pupil's unused Methylphenidate will be sent home- which should be recorded.

**Antibiotics**

- School will check with parents that the child is not known to be allergic to the antibiotic and note this on the consent form. Adverse reactions to antibiotics are more likely to be after the second dose; therefore we ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time after
- Antibiotics should be brought into school in the morning, by an adult who they will then be returned to. The label on the anti-biotics should include
  - Whether it needs to be stored in a refrigerator
  - Whether it needs to be taken at certain times, e.g. before, after or with food.
- The dosage should be measured carefully with an appropriate medicine spoon, medicine pot, or oral medicine syringe provided by the parents if the antibiotic is liquid
- All antibiotics must be clearly label with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container.

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u) **Emergency Medication**

- a) School policy and individual care plans explain the procedures for dispensing medication in an emergency.
- b) Staff have a common law duty to act like any reasonable prudent parents and ensure that children are safe and well cared in school which will extend to taking action in an emergency for example calling the emergency services or arranging for medicine to be administered.
- c) Emergency medication must be readily accessible to the child.

**Possible types of emergency medication**

- Buccolam (midazolam) used to treat epilepsy
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction
- Glucose of dextrose tables which may be branded Hypostop, used to treat hypoglycemia caused by diabetes
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler)

v) **Avoiding unacceptable practice**

Each case will be judged individually but in general the following is not considered acceptable at Cherry Orchard Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
  - c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
  - d) Sending pupils home frequently or preventing them from taking part in activities at school.
  - e) Sending the pupil to the medical room alone or with an unsuitable escort if they become ill.
  - f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
  - g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
  - h) Creating barriers to children participating in school life, including school trips.
  - i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

w) **Insurance**

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head. A copy of the LA's Certificate of Employers' Liability is kept by the School Business Manager.

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x) **Complaints**

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

y) **Definitions**

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) A 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an

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illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A 'staff member' is defined as any member of staff employed at Cherry Orchard Primary School.

Appendix 1:

1. Good Practice Points for Asthma Care.
2. Good Practice Points for the Administration of Auto Adrenaline Injectors.
3. Good Practice for the Management of Diabetes.
4. Good Practice Points for Managing Eczema.
5. Good Practice Points for Epilepsy.
6. Guidelines for the administration of Bucolic (midazolam).
7. Other key information.

Appendix 2: Form A: Permission to administer a medicine form.

Appendix 3: Record of Individual medicines given

Appendix 1

### **Good Practice Points for Asthma Care**

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.

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the cases of some younger children). Parents must refer to the schools Asthma policy and complete documentation provided to acknowledge that an inhaler has been provided and to give additional details of their child's condition. Both the inhaler (with child's name clearly displayed) and form are kept in classrooms. Members of staff ensure that inhalers are taken on off-site visits. However, as children with asthma get older it is very much the expectation that they should take the lead on remembering to take their inhalers. It is the parent's/carer's responsibility to check that inhalers are replenished are within the 'use by' date and replaced when necessary.

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Schools can hold salbutamol inhalers for emergency use but if a child diagnosed with asthma may need to use the school's emergency inhaler, this possibility should be explained in their Care Plan and schools should have asked for parent's consent at the same time. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015.

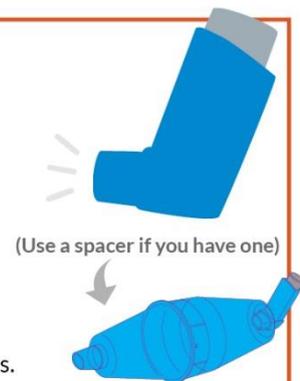
Schools should also consider:

1. Keeping a register of children in school diagnosed with asthma together with copies of their parental consent forms enabling them to take medication, i.e. inhalers;
2. Preparing Care Plans for pupils whose asthma is so severe that it may result in a medical emergency;
3. Where to keep inhalers, including during offsite visits, so that they are stored safely but are readily available for children who need them, which may mean encouraging pupils of year 5 and above to carry their own inhalers. Arrangements should be considered on a case by case basis. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.
4. In special school all inhalers should be kept in classrooms, but accessible immediately, and should be administered by staff who have received training.
5. Asking parents to supply schools with a spare inhaler and spacer device for pupils who carry their own inhalers to store safely at school in case the original inhaler is accidentally left at home or the pupil loses it. This inhaler should have an expiry date beyond the end of the school year and parents should be asked to replace it if it does not. Schools should dispose of out of date inhalers regularly, either by returning them to parents or to the pharmacist.
6. How they will ensure that all inhalers are labelled with the following information:-
  - Pharmacist's original label;
  - Child's name and date of birth;
  - Name and strength of medication;
  - Dose;
  - Dispensing date; and
  - Expiry date.
7. Labelling children's spacer device, which is used with an inhaler often by younger children, and making arrangement with parents to ensure that it is sent home to be cleaned regularly, e.g. at the end of each term.
8. Taking appropriate disciplinary action, in line with their school's Behaviour and, if they have one, Managing Substance Related Incidents policies, if inhalers are misused by pupils or others. Inhalers are generally safe and, if a pupil took another pupil's inhaler, it is unlikely that that pupil would be adversely affected; however medical advice should be sought.
9. The arrangements for monitoring inhaler use, and how parents will be notified if their child is using the inhaler excessively
10. How to ensure that staff running PE lessons and sports activities are aware that physical activity will benefit pupils with asthma, but that these pupils 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 participate.
11. How they will ensure that pupils who have a particular trigger for their asthma, such as animal fur, glue, nuts etc. can avoid those substances

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## What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 **Call 999 for an ambulance if:**
  - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



**IMPORTANT!** This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

Further source of information:

Asthma UK

Tel: 0300 222 5800

Email: [info@asthma.org.uk](mailto:info@asthma.org.uk)

<https://www.asthma.org.uk/>

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## **Good Practice Points for the Administration of Auto Adrenaline Injectors.**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours. It is extremely dangerous. It can be triggered by foods (e.g. nuts, seafoods) or non-foods (e.g. wasp and bee-stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastro intestinal system, skin, nervous system, genitourinary system. In the event of an attack it is important to administer an epi-pen as soon as possible and call 999 for an ambulance. The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated every year.

Children's epi-pens are stored in the 'Children's Medication' bag/box in their classroom. If an additional epi-pen is supplied, it will be stored in the 'Medical cupboard.'. Each epi-pen is stored in a plastic container that also contains the name of the child, her/his photograph, and a copy of the child's individual care plan/alert card.

Auto adrenaline injectors should only be administered by staff who have volunteered and been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Care Plan for the child on becoming aware that the child has been prescribed this medication.

An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Care Plan, so even if it is given inadvertently it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.

National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>  
Schools should consider:

1. Where to safely store the AAI, in the original box, at room temperature and protected from heat and light, so that it is readily available. If the Care Plan records that the pupil is competent then the AAI can be carried on their person
2. What systems can be put in place to check, termly, the AAI expiry dates and discolouration of contents so that parents can be asked to dispose of and replace medication.
3. Ensuring that all staff know that **immediately after the AAI is administered, a 999 ambulance call must be made and parents notified**. If two adults are present, the 999 call should be made at the same time as the administration of the AAI. The used AAI must be given to the ambulance personnel.
4. The use of the AAI must be recorded on the School Record of Medication Administered, with time, date, and full signature of the person who administered it.
5. Reminding parents that, if the AAI has been administered, they must renew it before the child returns to school.
6. Ensuring that the pupil is accompanied by an adult, who has been trained to administer the AAI on off-site visits, and that the AAI is available and safely stored at all times during the visit.

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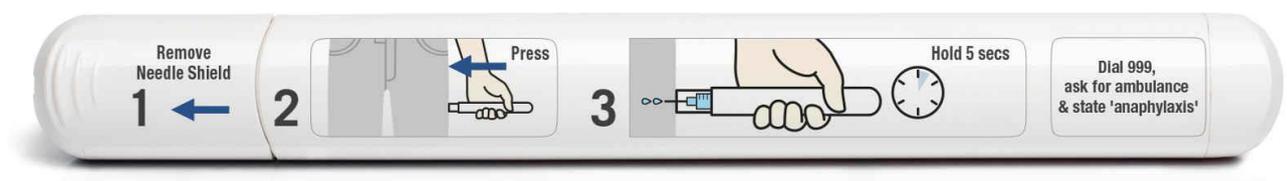
## Administering EpiPen



## Administering Jext



## Administering emerade



### Further source of information

The Anaphylaxis Campaign

Helpline: 01252 542029

Website: <https://www.anaphylaxis.org.uk>

Email: [info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)

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## **Good Practice Points for the Management of Diabetes**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both. There are two main types of diabetes:

**Type 1 Diabetes** develops when the pancreas is unable to make insulin. The majority of children and young people will have Type 1 diabetes and need to replace their missing insulin either through multiple injections or an insulin pump therapy.

**Type 2 Diabetes** is most common in adults, but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

### **Treating Diabetes**

Children with Type 1 diabetes manage their condition by the following:-

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school.

### **Insulin therapy**

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake, and activity levels. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

### **Insulin pens**

The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Care Plan will provide details regarding their insulin requirements.

### **Insulin pumps**

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

### **Medication for Type 2 Diabetes**

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

### **Administration of Insulin injections**

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital paediatric diabetic nurses, as treatment is individually tailored. A Care Plan should be prepared.

### **Best Practice Points for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes**

Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses, if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycemia which occurs when the blood-sugar level falls. Staff who volunteer can also be trained in administering treatment for hypoglycemic episodes.

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Symptoms of diabetes can vary from person to person, therefore it will always be necessary for schools to prepare a Care Plan for children who have the condition and obtain parental consent to administer treatment. Often, this will be done when the nurse attends the staff training session if the parent is also able to attend to give their views.

### **To prevent a hypo**

1. Children 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 due to extracurricular activities at lunchtimes, or detention sessions;
2. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent; and
3. Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.

### **To treat a hypo**

1. Staff should be familiar with pupil's individual symptoms of a "hypo" so that steps to treat the pupil can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech;
2. If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child, and will be set out in their Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil. Expiry dates must be checked each term by the parent/carer.
3. Glucogel/Hypostop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
4. Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given.
5. If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.
6. Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

Once the child has recovered the School Record of Medication Administered should be completed

### **Best Practice Guidance for Blood Glucose Monitoring for Children**

The Care Plan will explain how frequently the pupil needs to check their blood glucose levels and will set out the method that should be used.

It is recommended that all staff use a fully disposable Unistik 3 Comfort Lancets device if they are undertaking patient blood glucose testing on a pupil. This is a single use device and the lancet remains covered once it has been used.

If a child has an insulin pump, individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases may be provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil's GP.

Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However, in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

### **How to use the Unistik lancet:**

- Prior to the test wash hands
- Encourage pupil to wash their hands wherever possible
- Ensure all equipment is together on a tray including a small sharps box

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- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination then blood is applied to the strip such as an optium exceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves avoiding any possible contact with blood; use alcohol rub
- Record the blood glucose reading in the pupil's care plan/diary
- Parents are responsible for supplying all necessary equipment and medication
- Provision and disposal of a sharps box should be discussed individually with the Paediatric Diabetes Specialist Nurse

**Further notes:**

The Care Plan will document what action to take if the blood glucose result is higher or lower than expected.

**Further sources of information:**

Diabetes UK

Tel: 020 7424 1000

Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

Website: <https://www.diabetes.org.uk/>

### **Good Practice Points for Managing Eczema**

Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.

In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. If whole body or significant creaming is required, factors that will need to be taken into account might include:

- Who will do the creaming? (Including taking into account how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)
- How often does this need to happen? (How can this be planned around curriculum time etc.?)
- Where will the creaming take place? (Considering the need to ensure both privacy and safeguarding of the pupil and the safety of staff.)
- What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?

These details would all need to be provided on the pupil's care plan.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and

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cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress, and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema, with topical steroids commonly used to bring flare ups under control.

### **Good practice points for epilepsy**

Epilepsy is a neurological condition that causes recurrent seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere. 60% of people with epilepsy there is no known reason for them to have developed epilepsy. The other 40% there is an underlying cause or brain trauma. About 1 in 133 people suffer from epilepsy.

Epilepsy is diagnosed through a good medical history and an eye witness account of the seizure. When it is suspected that a child has epilepsy the child is sent for tests such as EEG's and MRI to help support the diagnosis and to look for any structural abnormalities in the brain. There is a big problem with misdiagnosis, as some things that look like epilepsy are not epilepsy such as migraine and fainting. There are two main types of seizures: focal and generalized.

- Generalized seizure is where the whole of the brain is affected and the electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor, they can become stiff and have generalized jerking of all four limbs. These are also the absence types of epilepsy.
- Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, head turning to one side.

When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards. If you have permission from parents a video is very helpful to make a diagnosis.

#### **General first aid advice**

- Managing a Tonic Clonic Seizure

If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves

1. Check safety of the area
2. Move any potential dangerous object which the child could hurt themselves on
3. Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
4. Stay with the child throughout the seizure
5. After the seizure is over put into recovery position until completely recovered
6. Check the child for injury and maintain privacy and dignity throughout

#### **DO NOT**

1. Restrain the child
2. Do not move the child unless they are in direct danger
3. Put anything in their mouth
4. Do not give any food or drink

#### **When to call for an AMBULANCE**

1. If the seizure is going on for longer than 5 minutes
2. If it is the child's first seizure
3. If the child is injured
4. If you are concerned at any point

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#### REMEMBER

- Keep a record of the seizure
- Time the seizure
- Description of the event if possible - how it started, what happened, how it finished
- Did anything happen before the seizure? i.e. bump to the head, argument, sleepy, do they have a fever.
- What happened during? i.e. were they stiff, floppy, jerking, eyes rolled, head turned etc.- were they incontinent
- What happened after? i.e. how long it took to recover, were they sleepy after, did they go back to normal and do they remember it.

Epilepsy can be controlled with regular medications, emergency medications, Ketogenic diet, surgery and VNS. The medications that we use to control epilepsy are strong and important to take regularly. When a child is prescribed an anti-epileptic medication, they are usually given a plan with how and when to take the medication. Usually they only take the medication twice a day however, there are some children who need a third dose in the day time. If the child was to vomit after the administration of the medication, unless it was a tablet and you can see it, we would advise not to repeat the dose as you are not sure how much has been absorbed.

If a dose is missed, a catch up dose may be given within 4 hours of the designated time. After the 4 hours, do not give the dose and carry on with the next dose. If a child was to miss a dose of medication, be aware that they may have more seizures as a result.

Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior. We can help improve this through group work, providing written information as a prompt, making sure that the student has not missed anything, encourage note taking, cue cards, highlighting important information, rhymes, repetition and revision.

Every child with a diagnosis of epilepsy should have a health care plan in school with details on how to manage that child's seizure. Children with emergency medication also need an up-to-date care plan with details of when to give the medication. Most of the time the child will be prescribed Buccolam (midazolam), however if the child cannot take this, they will be prescribed a rectal emergency medication.

#### **Guidelines for the administration of Bucolic (midazolam)**

Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity (between the gum and the cheek) Bucolic (midazolam) can only be administered by a member of the school staff, ideally someone who spends the most time with the student, who has been assessed and has been signed to say they have received the training and know what to do. Training of the designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher for the schools records. Training must be updated annually. The training must be child specific, general Bucolic (midazolam) training can be done but each child who requires it must have their care plan reviewed and understood by the staff members who would be administering the Bucolic (midazolam).

Bucolic (midazolam) care plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

1. Buccolam (midazolam) can only be administered in accordance with an up-to-date written care plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the care plan updates. Old care plans should be filed in the pupils records.
2. The Buccolam (midazolam) care plan should be renewed yearly. The school nurse will check with the parent/ carer that the dose remains the same
3. The care plan must be available each time the Buccolam (midazolam) is administered: if practical to be kept with the Buccolam (midazolam)

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4. Buccolam (midazolam) can only be administered by designated staff, who has received training from the school nurse. A list of appropriately training staff will be kept.
5. The consent form and care plan must always be checked before the Buccolam (midazolam) is administered
6. It is recommended that the administration is witnessed by a second adult
7. The child should not be left alone until fully recovered
8. The amount of Buccolam (midazolam) that is administered must be recorded on the pupil's Buccolam (midazolam) record card. The record card must be signed with a full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if the dose has been given in an emergency situation
9. Each dose of Buccolam (midazolam) must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff
10. School staff must check expiry date of Buccolam (midazolam) each term. In special schools, where nurses are based on site, the school nurse may carry out this responsibility. It should be replaced by the parent/ carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.
11. All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils who may require emergency Buccolam (midazolam). The list should be updated annually, and amended at other times as necessary.
12. All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual care plan needs to be reviewed.
13. A Buccolam authorisation form should be completed by a consultant paediatrician outlining the dosage, and administration guidance from the doctor and signed parental consent confirming the dose. Within special schools best practice would be that parents are contacted before buccolam administration to establish if an earlier dose has been administered.

#### **Further information:**

**Antihistamine:** Antihistamine can only be administered for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must never be left alone and should be observed at all times. If the pupil has an epi- pen in school and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then their epi-pen will be administered without delay and an ambulance called. If the child does not have an epi-pen, symptoms develop, there are any signs of anaphylaxis or if there is any doubt regarding symptoms an ambulance will be called. Piriton can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology. Parents must be contacted before the medicine is given to ensure that they have not already received a dose that day.

**Prescription Medicines:** Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day will be administered by school staff. Parents must sign an agreement for the setting to administer medicine (*Appendix 2: Form A: Permission to administer a medicine form*). On no account should a child come to school with medicine if he/she is unwell.

**Paracetamol:** Paracetamol may be used as pain relief for children. Parents must be contacted before the medicine is given to ensure that they have not already received a dose that day.

**Creams:** Emollient creams for eczema can be self-administered. Sunscreen is not a medicine and children are welcome to use this on sunny days to protect against sunburn. However the

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sunscreen should be clearly labelled with the child's name and children must self-administer.

**Hay fever** -Anti-histamine for the treatment of hay fever, parents should administer before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

**Controlled Drugs:** The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

**Pupils with Long-term or Complex Medical Needs:** Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

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**Cherry Orchard Primary School.**  
**Consent Form to Administer Medicines on School site and off-site activities**

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child \_\_\_\_\_ be given/gives himself/herself the following medication: (delete as appropriate)

<b>Name of child</b>		<b>Class</b>		<b>Date of Birth</b>	
<b>Contact Details Name:</b>		<b>Relationship to child</b>			
<b>Address</b>					
<b>Day tel no(s)</b>	<b>Home:</b>				<b>Mobile:</b>

**Medicine**

Medical condition or illness, and reason for medication.			
Name/type of medicine: and strength ( <i>as described on the container</i> )	Name:		
N.B Medicines must be in their original container, and clearly labelled	Strength:		
	Is this an over the counter medicine? (please circle) <span style="float: right;">YES          NO</span>		
Special precautions/other instructions e.g. take after eating.			
Are there any side effects that school needs to know about?			
<b>Dose to be given</b>		<b>Time(s) of Dose</b>	
<b>Maximum Dose (if applicable)</b>		<b>Expiry date</b>	
<b>Start Date</b>		<b>Finish Date</b>	
Self-administration – yes/no			

**NB: Medicines must be in the original container as dispensed by the pharmacy, with clear instructions on how much to give.**

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<b>Medicines for Allergy</b> (for example piriton, cetirizine.)	
If your child suffers from an allergy, what is the allergy to and what sort of symptoms do they show? Swollen lips, face or eyes Itchy / tingling mouth Hives or itchy skin rash	
Is there anything else you feel that we need to know?	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Cherry Orchard staff administering medicine in accordance with Cherry Orchard policy.

- **I have received medical advice stating that it is, or may be in an emergency necessary to give this medication to my child during the school day and during off-site school activities;**
- **I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;**
- **This medicine has been given without adverse effect in the past/I have made school aware of any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);**
- **The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and**
- **The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administering medicine in accordance with the school policy and/or my child's Care Plan. 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.**
- **If an 'over the counter medicine' I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.**

Parent's/Carer's signature: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours.

Head teacher's signature: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medication is given, a separate form should be completed for each.

*Under the GDPR (General Data Protection Regulations) we are required to inform you of how we collect, use and store data. Please refer to the Privacy Notice at <http://www.cherryorchard.bham.sch.uk> under the 'Our Amazing School' Section.*

**Cherry Orchard Primary School**

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

Name of child \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Name of medicine \_\_\_\_\_ Dose \_\_\_\_\_

Date							
Time given							
Dose given							
Name of member of staff							
Staff initials							
Parent Informed (how, initial)							
Parent Signature (OTC Medicine)							

Date							
Time given							
Dose given							
Name of member of staff							
Staff initials							
Parent Informed (how, initial)							
Parent Signature (OTC Medicine)							

Date							
Time given							
Dose given							
Name of member of staff							
Staff initials							
Parent Informed (how, initial)							
Parent Signature (OTC Medicine)							