



# **Supporting pupils with medical needs and managing medicines in school policy**

**Approved by the Management Committee  
Hawkswood Group**

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## Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how the Hawkswood Group will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including schools trips and sporting activities.

## Legislation and statutory responsibilities

The policy meets the requirements under section 100 of the Children and Families Act 2014 including the following:

- Governing bodies must ensure that arrangements are in place in schools to support pupil at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The following policy should be read alongside the DfE's document 'Supporting pupils at school with medical conditions' (December 2015).

## Definitions

For the purpose of this policy the following definitions apply:

- Those who are considered disabled under the Equality Act 2010 whereby they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities
- Those who have special education needs (SEND) or educational, health and Care (EHC) plan.
- Medicines (including a controlled drug which has been legally prescribed).

## SEND

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the [Special educational needs and disability \(SEND\) code of practice](#). For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

## Rationale

The schools believe that medicines should normally be given to pupils at home. Even a medicine to be given three times a day could be administered before school, immediately after school and at bedtime.

Parents/Carers are requested to bring all other prescribed medication to the attention of the Headteacher or Deputy Headteacher in the first instance; or other designated member of school staff. She/he will then decide on the appropriate course of action. The medical conditions that most commonly cause concern in school are asthma, diabetes, epilepsy and severe reaction (anaphylaxis).

The school ensures that members of staff are given awareness training on a regular basis, and

medical plans are in place for pupils with any of the above listed medical requirements.

## **Admission to School**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safe guarding duties, governing bodies should ensure that pupils health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

## **Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example calling 999). All pupils' Individual Healthcare Plans will clearly set out what constitutes an emergency and will explain what to do. When a pupil is taken to hospital by ambulance, he/she will be accompanied by a member of staff who will remain with that child until the parent arrives.

## **Educational Visits and Sporting Activities**

Sometimes the school may need to take additional measures for outside visits and or sporting activities to support any children with medical needs. Staff supervising excursions or sports will be made aware of any student medical needs and relevant emergency procedures, in particular, if child is on an Individual Healthcare Plan. In some circumstances the parent or their representative may be asked to accompany the child but should not be required to, in the event that the parent be unable to attend.

All children irrespective of medical needs are encouraged to participate as much as possible in the life of the school.

## **Roles and Responsibilities**

### **Role of the Governing Body**

It is the Governors responsibility to oversee the support of pupils at school with medical conditions. They must ensure that arrangements are in place within the school for this. In doing so they should ensure that such children can enjoy the same opportunities at school as any other child. Parents and pupils should have confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

### **Role of the Headteacher**

The Headteacher has overall responsibility for implementing the policy and procedures for dealing with medical needs and will effectively delegate and oversee the implementation of this policy by the Deputy Headteacher/DSL. This will include the Headteacher ensuring that attention is paid to the safe storage, handling and disposal of medicines, and that all relevant paperwork is being completed and stored as per the policy, including that the parent/carer has completed a form for the administration of medicine/s on a long term basis. (Appendix 2).

It is the responsibility of the Headteacher to ensure that staff are suitably trained and should a member of staff be absent cover will be arranged to ensure the pupil is supported; and be able to cover all Individual Healthcare Plans in the school (both day to day and emergency cover). If a supply teacher comes into contact with a pupil with a known medical condition, they will

also be briefed.

### **Role of the Deputy Headteacher**

The Deputy Headteacher will take the main lead in ensuring that all parents are aware of this policy either at induction meetings or when any pupil is admitted to the school, alongside any new arrivals of pupils throughout the academic year. They will liaise with appropriate members of staff and ensure that all relevant documentation is completed and links made with any agencies (if required). They will follow the procedures of this policy whenever a pupil has a medical condition and will monitor individual healthcare plans.

### **Role of the SENCo**

The SENCO will help update the school's policy on medical conditions. They will know which children have a medical condition and which have special educational needs because of their condition. They should be the key member or liaise with other staff to ensure children with medical conditions continue to make expected progress. The SENCO will ensure teachers make the necessary arrangements and make reasonable adjustments if children need special consideration or access arrangements in statutory tests.

### **Role of Teachers and other School Staff**

Schools that have a pupil with medical needs in their class will be told of the nature of the condition and as to when the pupil may need extra attention. The Deputy Head teacher or other designated staff member will arrange for a meeting to take place with the parent/carer, school nurse and class teacher of the child so that full understanding is reached. They will also be made aware what action should be taken if an emergency should arise. It is the class teacher's responsibility to liaise with the Deputy Headteacher or other designated staff member when a pupil has short term and frequent absences, including those for appointments connected with a medical condition. Appropriate support will need to be put in to limit the impact on the child's educational attainment as well as their emotional and general wellbeing.

All staff directly involved with the administering of medicine will have the appropriate training and ensure a record is kept of this. Staff who are not trained must not give prescription medicines or undertake healthcare procedures.

### **Role of the School Nurse and other Health Professionals**

They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school (as informed by other healthcare professionals); including undertaking the process of creating an Individual Healthcare Plan or updates to an existing one. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role beyond this in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

### **Role of the Local Authority**

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within

individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

### **Role of the Parent/Carer**

Parents/Carers are a pupil's main care provider. They are responsible for making sure that their child/ren is well enough in the first place to attend school. Where necessary, parents will be asked to provide the Headteacher or Deputy Headteacher with sufficient and up to date information about their child's medical condition, and any treatment or special care needed at school. All parents that request the school to administer medicines, to support long term illnesses, will be asked to complete a medical permission form (Appendix 2).

### **Role of the Pupil**

Pupils who have been given permission by their parents to manage their own needs must be responsible when doing so and be accompanied by a trained member of staff. This will be reflected within their individual health care plans if a plan is necessary.

### **Long Term Medical Needs**

It is important for the school to have sufficient information about the medical condition of any pupil or any pupil with long term medical needs. The school requests this information when the child is admitted to school or when a pupil develops a condition.

The following information must be recorded:

- Details of the condition
- Special requirements e.g. Dietary needs or pre-activity precautions
- Medication and any side effects
- What to do and who to contact in an emergency

The role the school plays:

The school will draw up an appropriate individual healthcare plan and maintain a medical register of which all staff will be made aware. (Appendix 3)

### **Individual Healthcare Plans (IHCP)**

Individual Healthcare Plans can help to ensure that schools effectively support pupils with medical conditions. Most pupils at some time have a medical condition that may affect their participation in school activities. For the majority this will be short term. Some may have medical conditions that, if not properly managed, could limit their access to education. In such cases it may be necessary to provide an Individual Healthcare Plan which will ensure that school staff have sufficient information to understand and support a child with long term medical needs, however not all pupils will require one.

This plan will focus on the needs of each individual child and how the medical condition impacts their school life and who is responsible for their development. The school, healthcare professional and parent should agree, based on the evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the Headteacher make the final decision.

Within the Individual Health Care Plan should be the following:

- The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs) including emergencies. If a child is self-managing their medicine this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable?
- Who in the school needs to be aware of the child's condition and the support required?
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **Parental Permission**

Medicines will not be administered unless we have the written permission of parents. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

In the event of a child coming into school with medicines without a permission slip, the school will attempt to gain consent for administration over the phone. If the school is unable to contact parents this way, then the medicine will not be administered.

## **Administration of Medicines**

All medicines (including a controlled drug which has been legally prescribed) will be administered to a pupil if the medicine has been prescribed by the pupil's doctor, and are subject to an IHCP. The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original packaging and include instructions for administration, dosage, storage and side effects.

All staff training in first aid and specialist medicine administration i.e. Anti-histamine (Epi-pen) should clearly be displayed within the school. Areas such as the school office, the staff room and classrooms should have pictures of appropriate staff detailing what training these members of staff have had.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

## **Asthma Inhalers and creams**

Asthma inhalers and creams for skin conditions can be kept in school for the pupil to administer themselves when needed (assistance can be provided by a qualified first aider in the administering of asthma inhalers for younger pupils, especially if they are using a spacer).

Schools can administer creams for skin conditions such as eczema. Staff must not rub cream onto a pupil's body. Pupils must administer cream themselves under the supervision of a member of staff.

## **Defibrillators**

The school has access to a Defibrillator and members of staff have been trained to use it. Those staff who are trained are clearly identified at first aid points around the school.

## **Where Medicine is Stored**

No medicines should be kept in the class or in the child's possession. All medicines are kept in a designated and marked container within the fridge or stored in the medical cupboard. Administration of medicines takes place in the medical area, unless emergency procedures are being followed. The Headteacher should nominate a member of staff to monitor the contents of the medical cupboard.

## **Inhalers**

All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.

If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure.

Students, who do not carry and administer their own emergency medicines, should know where their inhalers are stored. Students who are self-managing are reminded to carry their inhalers and spacers with them at all times

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). If parents have not given permission and cannot be located, then the emergency services will be contacted and advice followed from the emergency services re the giving of a third party inhaler.

## **Epi-pens and Anaphylaxis Shock Training**

For pupils who require an Epi-pen to treat the symptoms of anaphylaxis shock, these will be stored centrally in the medical cupboard. Relevant staff receive regular training on the use of Epi-pens. All pupils who require the use of an Epi-pen are subject to Individual Healthcare Plan and are listed on the medical board in the medical cupboard.

## **Other Medical Problems**

At the beginning of each academic year, any medical problems are shared with staff and a list of children and their conditions is kept in the medical cupboard. Signs are made of children with severe medical problems such as asthma.

## **School Trips**



Risk assessments for school trips, holidays and other school timetables outside of the normal timetable should be arranged prior to the date the trip will be taking place. Class teachers must ensure that a qualified first aider or trained first responder is part of the trip ratio for any trip.

The trained qualified first aider or trained first responder is responsible for overseeing the following:

**Prior to the class leaving school on a trip:**

- meet with the class teachers at the end of the day prior to the trip and ensure that they are aware of the children with any medical conditions attending the trip;
- check and pack a full trip 'first aid kit'
- check and pack any medications held by the school for pupils attending the trip, if medications are required to be refrigerated, collect in the morning and pack with an ice pack to keep cool;
- Ensure that they have copies of relevant documentation for medical needs whilst out (Medical Form, copy of Individual Health Care Plan)

**Upon return from a class attending a school trip:**

- Meet with the designated member of staff to 'hand over' all medications taken off site for the trip, any completed documentation whilst on the trip and return the First Aid Kit. These must be handed directly to the class teacher, not left in the office for collection.

**Administering Paracetamol**

Schools within the Hawkswood Group keep their own stock of paracetamol tablets or suspension fluid. This reduces the risk of students carrying medicines and avoids confusion over what may and may not be administered.

Children should not bring paracetamol to school to self-administer. Paracetamol must be stored securely in the school office as all the medicines are stored and should not be kept in first-aid boxes.

Staff administering medication should be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error. When a child is given medicine, a written record of it must be kept. The record must include:

- The name of the medicine
- The dose given, and how (tablet/ liquid)
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child
- Indication on the form that the parent has been informed.

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines.

No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the child what other medication they take and what has been taken recently before doing anything. If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in

a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

Before giving the child paracetamol:

1. The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent received from the parent on the day.
3. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

Administering paracetamol:

1. The staff administering should ensure that parents have first authorised the school, to provide paracetamol occasionally to children.
2. Children can only be given one dose of paracetamol. If this does not relieve the pain, contact the parent or the emergency contact. The member of staff responsible for giving medicines must witness the child taking the paracetamol and make a record of it.
3. Deputy Head be informed to contact the parent by email to communicate the date and time and the amount of the dose administered.
4. The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.
5. The name of the child, the date, time, dose and reason should be recorded in the log.

Any frequently recurring need must be reported directly to parents. Note: Paracetamol must be kept in a secure place and not in first-aid boxes.

It must not be given:

- Following head injury
- Where a child is already on some of the medication
- Where a child has taken paracetamol containing medicine within four hours Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).
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Dosage: Please follow manufacturer's guidance on the bottle or packet of paracetamol. Please be aware that if the child looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Age 11 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Age 12 to 15 years - 480 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Age 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

After giving the child paracetamol: Send the child back to their class and make a note in SIMS quick notes to ensure that teachers are aware the child has had a dose of paracetamol.

## **Administration of Medicines File**

All medicine permission slips are kept in the staff room or school office (Hawkswood Campus, in pupil files). Completed forms and copies of pupils Individual Healthcare Plans are kept in the current academic year 'Pupils Medical Needs Folder', also located in the first aid folder. A copy of all documents is also kept in pupil's individual personnel files.

When medicines are administered, staff must complete a 'medical log' which is stored with the medicine. The form should state the date of administration, the dosage, name of staff who

administered the medicine and signature form that member of staff (Appendix 3). At the end of the academic year all medical forms should be stored in a 'Medical Log Book'.

Before administering any medicines, staff should check the 'Medical Log Book', and read the date entry section, to ensure that no medication has already been administered to the pupil. If there are any changes in frequency of medication intake, parents should be notified.

## **Unacceptable Practice**

Although staff should use their discretions and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

## **Insurance**

The appropriate level of insurance is in place to coincide with this policy. Insurance policies will be made accessible to staff who provide support to pupils and detail the arrangements for staff.

All schools have liability insurance which covers children in case of an accident. Schools will ensure the liability insurance certificate is visibly displayed in the school.

## **Complaints**

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

## **Monitoring and Review**

This policy is overseen on a day-to-day basis by the Deputy Headteacher, and both ensure that all staff are aware of the details of the policy as it applies to them. This policy is accessible to parents at any time, should they request to see it.

This policy will be reviewed at least once every three years and/or at any time that a request is made to do so by staff, governors and Local Authority, or required by law.

**APPENDIX 1 – Parental permission form**

<b>Child's name:</b>	
<b>School:</b>	
<b>Year group:</b>	
<b>Medical condition:</b>	
<b>Medication name:</b>	
<b>Dosage to be given and time:</b>	
<b>Possible side effects:</b>	
<b>Date provided:</b>	
<b>Quantity received:</b>	
<b>Expiry date:</b>	
<b>Staff trained to administer:</b>	

I give permission for my child's medication to be administered by the school. I will provide my child's medicine in the package it was originally provided, including the leaflet within the packaging. I will provide the school with sufficient and up-to-date information about my child's medical needs.

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

Print name: \_\_\_\_\_

**APPENDIX 2 - Individual Healthcare Plan**

**HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS**

<b><u>NAME:</u></b>	<b><u>ADDRESS:</u></b> <b><u>CONTACT:</u></b>
<b><u>DATE OF BIRTH:</u></b>	<b><u>CONTACT NUMBER:</u></b>
<b><u>CONDITION:</u></b>	<b><u>GP:</u></b>
<b><u>NAME OF SCHOOL:</u></b>  <b><u>CLASS:</u></b>	<b><u>PAEDIATRICIAN:</u></b>
<b><u>DATE:</u></b>	<b><u>REVIEW DATE:</u></b>

<b><u>PHOTOGRAPH</u></b>
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<b><u>CONTACT 1:</u></b> <b><u>ADDRESS:</u></b>	<b><u>FAMILY CONTACT 2:</u></b> <b><u>ADDRESS:</u></b>
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DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS:
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<b><u>ADDITIONAL INFORMATION</u></b>
<b><u>DAILY REQUIREMENTS (EG BEFORE SPORT/ LUNCHTIMES)</u></b>

<b><u>MEDICATION:</u></b>
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**SYMPTOMS THAT PUPIL MAY PRESENT WITH**

**ACTIONS TO BE TAKEN IF SYMPTOMS ARISE**

**WHEN TO CALL FOR EMERGENCY SERVICE (999)**

**RESPONSIBILITIES (add more as appropriate):**

**School:**

**Parent:**

**Pupil:**

**WHO IS RESPONSIBLE IN AN EMERGENCY:** (state if different on off-site activities?)

Named Persons Responsible:

Training:

Date: .....

Signature:.....

**Form Copied to:**

Parents ✓

School – All School Staff ✓

School Nursing Services ✓

Agreed and signed by Parents: .....

HeadTeacher: .....

Print name

DeputyHeadTeacher: .....

Print name

Health Professional



Print name JULIET JAMES

**APPENDIX 3 – individual medicine log**

**Week beginning** \_\_\_\_\_

Date					
Time given					
Dosage					
Name of staff member					
Staff initials					
Name of parent informed					

**Week beginning** \_\_\_\_\_

Date					
Time given					
Dosage					
Name of staff member					
Staff initials					
Name of parent informed					