



# **KING'S OAK PRIMARY SCHOOL**

## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

**December 2017**

**Policy prepared/reviewed by: Catherine Giles**

**Policy reviewed and approved by: Governing Body**

**Date of approval: 14.12.2017**

**Date of next review: December 2018**

**This policy links to our SEND Policy which is a statutory policy and is reviewed annually.**

**This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment**

## **Mission Statement**

King's Oak is a school at the heart of its community where the sense of wonder in each child is awakened, where each is valued as an individual and where gifts and talents are discovered and achievements are celebrated.

We are committed to ensuring equality of opportunity for all pupils, staff, parents, carers and those using our facilities or receiving services from our school, irrespective of race, gender and sexual identity, disability, faith/religion, age or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected to our school feel proud of their identity and able to participate fully in school life. We encourage positive attitudes and interactions, mutual respect and a shared sense of belonging. We will tackle discrimination through the positive promotion of equality, creating an environment which champions respect for all. We believe that diversity is a strength, which should be respected and celebrated by all those who learn in, teach in and visit our school.

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE 2015
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE 2016
- Equalities Act 2010
- Schools Admissions Code, DfE 2014

This policy follows guidance in RBK School Medicines Policy and should be read in conjunction with the following school policies: SEND Policy, Safeguarding Policy, Educational Visits Policy, Single Equality Scheme and Complaints Policy.

This policy was developed through consultation with parents/carers of pupils with medical conditions, representatives from the Governing Body, healthcare professionals, staff and parents/carers and will be reviewed annually.

## **Definitions of medical Conditions**

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

**Short-term** - affecting their participation at school because they are on a course of medication.

**Long-term** - potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their children's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have

special educational needs or disabilities (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND Policy; the individual healthcare plan (IHCP) will become part of the EHCP.

### **The statutory duty of the Governing Body**

The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of King's Oak Primary School fulfils this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions so that children with medical conditions can access and enjoy equal opportunities at school;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, 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. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is 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 safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions

and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
  - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
  - Purchase defibrillators and train staff in the use of these
  - Hold asthma inhalers and adrenaline auto-injectors (AAIs) for emergency use
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support given to pupils with medical conditions (see section on complaints).

## **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body has conferred the following functions of the implementation of this policy to the staff below; however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Lucy Campbell, Headteacher. The Headteacher is responsible for ensuring that:

- all staff are aware of this policy and understand their role in its implementation
- sufficient staff are suitably trained
- cover arrangements are in place in case of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training
- individual healthcare plans are drawn up

Lorraine Figueiredo, SENCO, is responsible for:

- briefing supply staff and new staff
- preparing risk assessments for school visits and other school activities outside of the normal timetable
- monitoring individual healthcare plans
- in conjunction with parents/carers, drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers and the process to be followed upon reintegration after a period of absence or when pupils' needs change.

We will make sure that no child with a medical condition is denied admission or prevented from attending our school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

For children being admitted to King's Oak Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to King's Oak Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as necessary, unless evidence from a clinician such as a GP states that this is not possible.

We understand that we do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, we will make a judgement relating to what support to provide based on available

evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Lorraine Figueiredo, SENCO, and following these discussions an individual healthcare plan will be written, in conjunction with parent/carers, and put in place.

### **Individual healthcare plans**

Individual healthcare plans will help to ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If a consensus cannot be reached, the Headteacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed as children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHCP, his/her special educational needs will be mentioned in the individual healthcare plan.

Individual healthcare plans (and their review) will be drawn up in partnership between the school, parents/carers and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which should be taken to help manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage risks to the pupil's education, health and social wellbeing and minimise disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will 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.

Each individual healthcare plan will include the following information (see also template A):

- 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 in emergencies. If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, 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/carer 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 assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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

## **Roles and responsibilities**

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff.

In addition, we refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaising with lead clinicians and advising or supporting in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** will notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams will provide support for and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

**Parents/carers** will be expected to provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action to which they have agreed, as part of its implementation e.g. provide medicines and equipment, and ensure that they or another nominated adult are contactable at all times.

**Local authorities** have a duty to promote co-operation between relevant partners with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. The local authority will work with us 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 year (see 'Ensuring a good education for children who cannot attend school because of health needs').

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities).

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

### **Staff training and support**

A training log is maintained which includes first aiders, paediatric first aiders, diabetes and epi-pen and those staff who have received specialist training.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. Training will ensure staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). We recognise that a first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, will provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The SENCO will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

### **The child's role in managing his/her own medical needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored safely to ensure that the safeguarding of other children is not compromised. We also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force him/her to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

### **Managing medicines on school premises and record keeping**

At King's Oak Primary School the following procedures will be followed:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 will be given prescription or non-prescription medicines without their parents' written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

- With written parental consent, we will administer non-prescription medicines except aspirin or medication containing aspirin except when this has been prescribed by a doctor, but only when this is in original sealed packaging. Medication e.g. for pain relief will never be administered without first checking maximum dosage and when previous dose was taken. Parents will be contacted and informed;
- We will only accept prescribed medicines, with written permission from a parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the medical room. Children will know where their medicines are at all times and be able to access them immediately with supervision.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available in and not locked away.
- Asthma inhalers are stored in the medical room for children who need support; children who do not need support to take their inhaler carry their inhaler with them or store it in their classroom.
- The school holds emergency inhalers for use by children diagnosed with asthma; these are used to treat asthma attacks when the child's own inhaler has run out or the child does not have their inhaler at school and parents/carers cannot be contacted.
- The school holds emergency AAIs (infant and junior doses) for use in cases of undiagnosed severe allergies leading to anaphylaxis. These will only be used under medical supervision after calling 999. If staff trained in AAI are not available to administer the AAI, available staff will administer it under supervision.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines will do so in accordance with the prescriber's instructions. We will keep a record (on template C or in a child's personal record book) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines will be returned to the parent/carer to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

## **Emergency procedures**

Lucy Campbell, Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be trained what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

## **Other issues for consideration**

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body is considering whether to invest in defibrillators and staff training for these.

## **Unacceptable practice**

Staff at King's Oak Primary School will use their discretion and judge each case on its merit with reference to the child's individual healthcare plan; we understand that it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; 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 suitable;
- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. We recognise that no parent should have to give up working because of their child's medical needs;
- Prevent children from participating, or creating unnecessary barriers to children participating, in any aspect of school life including school trips e.g. by requiring parents to accompany the child.

### **Liability and indemnity**

Zurich is our insurance provider. Zurich has stated the following:

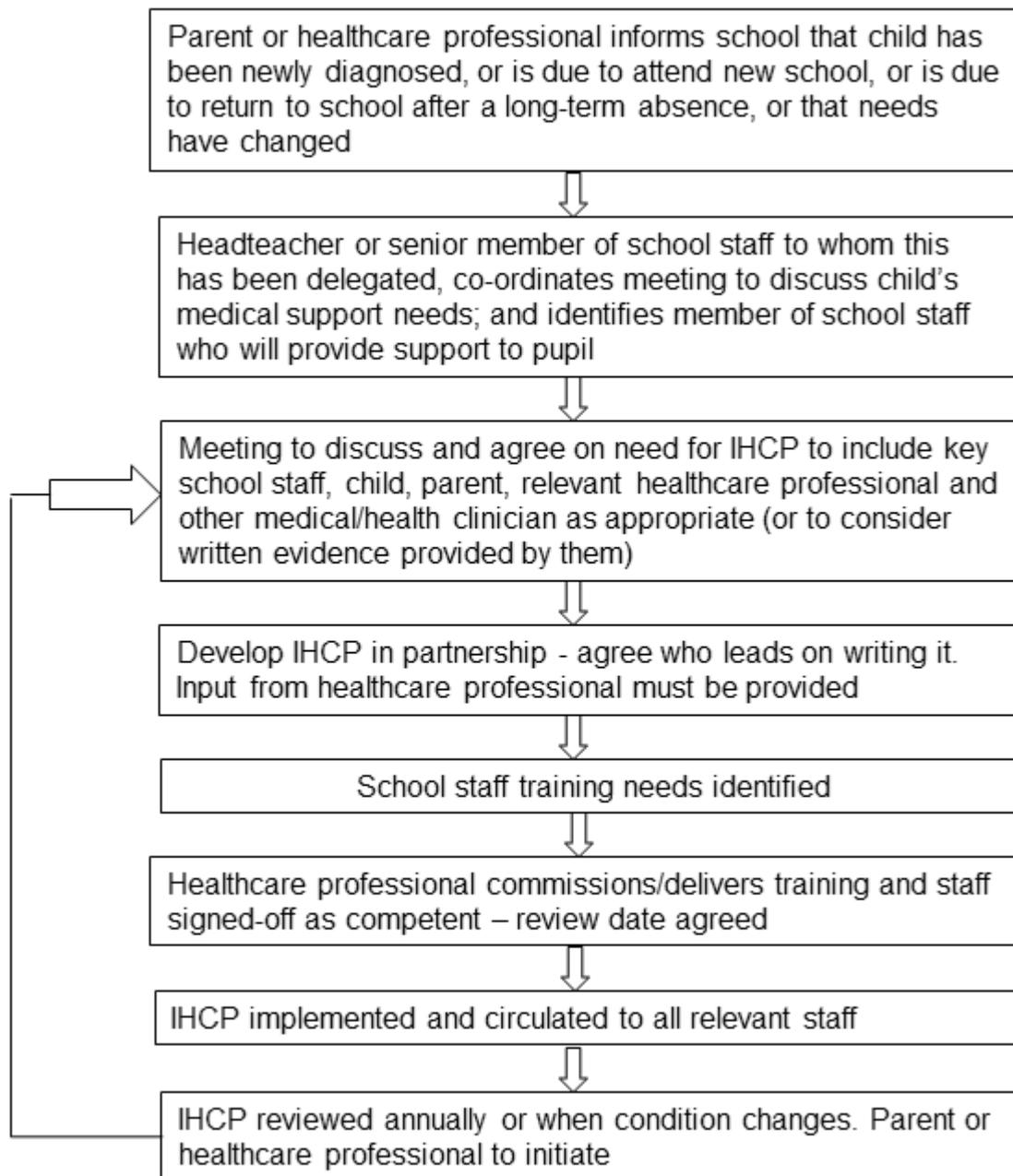
*“The Public Liability policy that you have with us covers the insured, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.*

*The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis. Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal. The policy applies to all school activities including extra curricula activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.”*

### **Complaints**

Should parents/carers be unhappy with any aspect of their child's care at our school, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Complaints Procedure.

## Appendix A: Model process for developing individual healthcare plans



## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

