

SUPPORTING STUDENTS WITH MEDICAL NEEDS AND ADMINISTRATION OF MEDICATION



RECORD OF ISSUE

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1	January 2007		
2	October 2008		
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5	01/09/12		
6	03/12/13	3/12/14	Policy replaces previous 'Behaviour & Discipline Policy', 'Anti Bullying Policy', and 'Exclusions Policy'. Review with staff October 2013 and Management Committee 10/12/13
7	10/3/14	March 2015	Review following whole staff e-safety training and school audit
8	19/09/14	19/09/15	Reviewed following the introduction of new guidance 'supporting pupils with medical needs'
9	04/11/15	04/11/16	Annual review – Combining 'Administration of Medication' and 'Supporting students with medical needs'.
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11	02/11/17	02/11/18	Annual review
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	NAME	SIGNATURE	DATE
AUTHOR	Leeann Evans		03/04/25
HEADTEACHER	Lisa Balderstone		03/04/25
CHAIR OF MANAGEMENT COMMITTEE	Janet Willis		20.5.25

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1. INTRODUCTION

The policy provides advice on supporting students with medical needs and also lays out the arrangements in place for the administration of medication across South Cumbria Pupil Referral Service (PRS).

Many pupils will need to take medication or be given it at school at some time in their school life. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion. In some cases, there may be a long-term need for pupils to take medication. To allow pupils to take or be given medication at school minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

To work in partnership with parents, pupils, health professionals and other colleagues to ensure that children who have medical needs are properly supported, physically and mentally, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. To ensure that, where medication is required, that students can receive it in a safe and secure environment.

[See appendix 1](#)

In common with good practice, we will aim to work in partnership with parents, health care professionals, external agencies and pupils. The following guidance aims to ensure a smooth-running partnership that minimises the impact of medical requirements on the day-to-day school life of our pupils. Parents are encouraged to contact the head teacher if they feel that procedures require adjustment or alteration to suit their specific case.

Staff who provide support for pupils with medical needs which may include the administration of medication will be given support by the head teacher, access to necessary information, and receive appropriate training and guidance [See appendix 2](#) where necessary.

It is important that pupils who need to take medication at school are involved as closely as possible in the arrangements made for them. When planning for medical care at school the following should be considered:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

The head teacher and staff are responsible for implementing this policy and for developing any further necessary procedures. Staff will assist pupils with their medical needs after consultation with the head teacher. Agreements for administering medication will normally fall to the head teacher after adequate consultation with parents and pupils. **No staff member will enter into individual agreements with parent or child.**

The PRS will access training appropriate to our needs and delivered according to guidelines.

2. GENERAL ADVICE

Advice and guidance in relation to this policy is available from the LA's corporate Health and Safety Team.

The DfE have published statutory guidance for the management committee '[Supporting pupils at school with medical conditions](#)' (Dec 2015).

3. IMPLEMENTATION

Medical professionals should be actively involved in every case, particularly where an Individual Health Care Plan (IHCP) is being implemented.

This policy is approved by the Management Committee and is shared with staff upon review. On induction, pupils and parents are informed of the policy's publication at www.southcumbriaap.org.uk (paper copies are available on request) and are asked to sign the home unit agreement indicating that they have read and understood the policy.

4. ARRANGEMENTS

Formal arrangements, systems and procedures, drawn up in partnership with parents and staff, back up this policy. They include:

- Sufficient staff who are suitably trained and competent, including cover arrangements to ensure someone is always available.
- Mechanisms to ensure that relevant staff are aware of the child's condition.
- Suitable briefing for supply teachers where required.
- Collaborative working arrangements between school staff, healthcare and social care professionals, the local authority, parents and pupils.
- Suitable risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- The development and monitoring of individual healthcare plans.

5. NOTIFICATION OF A PUPIL WITH A MEDICAL NEED

Where possible there should be transitional arrangements put into place upon dual registration / registration at the PRS. For those who develop a medical condition during their placement appropriate arrangements should be put into place within 2 weeks of notification.

The PRS do not wait for formal diagnosis before providing support to pupils on role.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. Where there is concern about whether the PRS can meet either a pupil's needs or the expectation of parents, the head teacher will seek advice from the Local Authority and, appropriate health professional(s).

6. INDIVIDUAL HEALTH CARE PLANS (IHCP)

IHCPs [see appendix 3](#) 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, but they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is best placed to take a final view.

It is important to have sufficient information about the medical condition of any pupil with long-term or complex medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or exacerbate emotional and behavioural problems. The PRS therefore ideally need to know about any medical needs before a child starts their placement at the service, or when a pupil develops a condition. In such cases a written healthcare/treatment plan will be drawn up, in consultation with parents and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the individual needs of the child. Pupils should also be involved whenever appropriate. All partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. [see appendix 4](#)

Individual healthcare plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where an educational need is identified in a statement or Educational Healthcare Plan (EHCP), the individual healthcare plan should be linked to or become part of that statement or EHCP.

When a pupil is reintegrating to school following their dual registration the PRS will work with mainstream colleagues to ensure that the IHCP identifies the support the child in an effective re-integration.

7. MEDICATION IN SCHOOLS

7.1 Parental Consent

On induction a medical record sheet will be completed for each pupil [see appendix 5](#). For those who require medication the sheet will be completed in more detailed and will include the following information

- The medicines required by the pupil,
- Details of dosage and times for administration,
- The types of medicines being carried,
- The staff involved in administration and supervision of medication,

Should the child's needs change over the placement a new sheet will be completed [\(see appendix 6 7\)](#)

7.2 Storage

Advice on the storage of medicines should be sought from a qualified pharmacist when required.

Medicines may be potentially harmful to anyone for whom they are not prescribed. We will try to ensure that risks to the health of others are properly controlled. A secure location is provided by the PRS, this is in the medicine cabinet in the administrative office, controlled medication (such as Ritalin) is locked in a safe in a restricted area.

Pupils will carry their own asthma inhalers with them although the PRS do keep spare inhalers (kept either in the classroom or an unlocked central place (such as the office)). Pupils who have this condition should not be taken off-site without their medication unless a specific risk assessment is carried out.

The PRS will not store large volumes of medication. The key teacher should ask the parent or pupil to bring in the required dose each day. Where this is not possible clear alternative arrangements should be agreed and recorded.

Medicine must only be brought to school in a suitable container. It may be appropriate for the parent to request that the GP make out two prescriptions or that the pharmacist make up two prescription boxes, one for themselves and one for the school. Container(s) should be clearly labelled with the following information:

- Name of the pupil
- Name of the drug
- Dosage
- Frequency of administration.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. **Medicines should always be kept in their original containers.**

Ritalin (and equivalently classed medication) will be kept in a locked container within the locked cabinet to ensure security is maximized. **ALL RELEVANT STAFF WILL BE MADE AWARE, UPON INDUCTION, OF HOW AND WHERE TO OBTAIN APPROPRIATE KEYS.**

When a medicine requires refrigeration, it can be kept in a refrigerator containing food, in an airtight container. To avoid confusion medicines should be kept on a clearly labelled shelf used only for the storage of medication. The container should be clearly labelled as described above. If a refrigerator contains medicines, access to it should be carefully monitored. The refrigerator is situated in an area of the PRS that is not normally accessible to pupils. Members of staff who use the refrigerator are made aware of the importance of keeping the medicine safe and secure.

In emergency pupils should have prompt access to their medicine through a recognised procedure. It is the duty of the head teacher to ensure that all staff are familiar with the emergency procedure.

7.3 Responsibilities

PRS staff will NOT dispose of medicines. Out of date medicines will be returned to parents / carers at the end of each term for disposal. If this is not possible medication will be recorded and taken to a pharmacy for their disposal.

The head teacher will ensure that staff know how to call the Emergency Services – dial (9)999.

All staff know who is responsible for carrying out emergency procedures in the event of particular incident, the PRS first-aiders are **Nick Jones, Jessica Kent, Dan Webber, Kelli-Anne Fisher, Mark Swainson, Tracy Oncal**. First aiders will be made aware of medical conditions through the staff briefing / induction process and BehaviourWatch, they will be asked to look through consent forms to identify emergency procedures and where necessary in liaison with the Health and Safety Co-ordinator, Leeann Evans, carry out a specific risk assessment.

A pupil who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until the pupil's parent arrives at the hospital. If a pupil is taken to hospital, it is essential that the PRS makes every effort to inform parents immediately; failing this the emergency contact person will be informed.

In an emergency it may be necessary for a member of staff to take a pupil to hospital in his/her own car. The member of staff should be accompanied by another adult. If the member of staff does not have public liability vehicle insurance, they will be adequately covered by the Authority's insurance policy in the event of such emergency action. When a pupil is taken to hospital by a member of staff, they should also take with them all medication the pupil is currently taking together with the pupil's medical record showing what medication has been taken, when it was taken and the dosage.

7.4 . Working with parents

Parents will be asked for the following information about medication:

- name of medicine
- dose
- method of administration
- time and frequency of administration
- other treatment which may involve PRS staff or affect the child's performance during the school day
- side effects which may have a bearing on the child's behaviour or performance at school

Pupil medical conditions will be established at the induction meeting. Parents should advise the PRS immediately of any changes in the medication administered to their child and or changes of their condition.

7.5. Administration of Medicines

If a pupil refuses to take medication the PRS will record this and inform the child's parents. If the medication is essential to the child's continued well-being, the PRS will call the emergency services and inform the parents. If the medication is essential to the child being educated the PRS will contact the parents to discuss actions to be taken.

STAFF MUST NOT COMPEL A PUPIL TO TAKE MEDICATION

Medication should be brought to the PRS only when it is needed. Often medication can be prescribed in dose / frequencies which enable it to be taken outside school hours. Parents should be consulted about this.

Where a parent requests a pupil to carry and/or administer their own medication parents will be required to complete a form requesting this. (appendix B).

7.5.1 Non-prescribed Medicines

Pupils sometimes ask for pain killers (analgesics) at school, including paracetamol. PRS staff should generally not give non-prescribed medication to pupils; it may not be known whether the child has had a previous dose, whether the child is allergic to this drug, or whether the medication may react with another medication being taken.

With the prior agreement of parents, the PRS may administer mild analgesics, e.g. **one paracetamol** tablet to a child who asks for it, if s/he suffers pain or a headache at school. A record must be kept of the dose given and a note sent home to parents indicating the dose and time(s) administered

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Ibuprofen should never be given to a student with asthma.

7.5.2 Prescribed Medicines

Any member of staff giving medicines to a pupil should observe the following procedure in cooperation with a colleague

- confirm the pupil's name agrees with that on the medication
- confirm the pupil's identity against the photograph in the wallet.
- check the written instructions provided by the parents or doctor
- confirm the prescribed dose
- check the expiry date
- complete and sign the record card

Staff must complete and sign the medical log each time they give medication to a pupil, this will be countersigned by another staff member who witnessed the medication being administered.

Ritalin is a Class A drug and as such is locked away when not required. A photograph of the student is be attached to the pupil's folder containing the supply of Ritalin so that staff may be sure that the drug is being administered to the appropriate pupil.

7.5.3 Functional Medication

This type of medication includes medication includes Insulin (diabetes), Ventolin (asthma), Diazepam / Valium (Epilepsy), Adrenaline (anaphylaxis). Where this type of medication is needed staff will be given specific training.

7.5.4 Sharps / Needles

Where pupils require medication, which is supplied with a syringe or epi-pen, or where blood needs to be tested, the staff must dispose of the needles appropriately. A bona-fide sharps box will be used for this purpose. The sharps box will be kept in a locked cupboard when not in use and be made available for the student as and when required.

The administering staff member should always have the dosage and administration of medication witnessed by a second adult as indicated above.

7.6 Off-Site Activities Arrangements

Pupils who need medication will not be excluded from participation in off-site activities. South Cumbria PRS have the following arrangements in place to ensure the safety and health of the pupils remains paramount.

Trip leaders are provided with the following in a sealed plastic folder (marked with the centre contact details in case of loss);

- ☒ A copy of the parental consent form detailing the medication, dosage, time to be taken and emergency contact details.
- ☒ A photograph of the child to prevent cases of mistaken identity.
- ☒ Medication (for that day only)

On their return staff are asked to complete the 'administration of medication' booklet to ensure records are up to date. The same procedures apply wherever the medication is administered i.e. two witnesses / verifying identity.

8. FURTHER READING

DfE (2015), Supporting Pupils in school with medical conditions

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

LA – Corporate Health and Safety Team – Supporting Pupils with Medical conditions and Administration of Medication (SAN(M)1) Sept 2014

LA – Health and Safety Team - Safety Advice Note SAN M 02 - Anaphylaxis severe allergic reaction Rev Oct 08

LA – Health and Safety Team - Safety Advice Note SAN M 03 - Managing Diabetes in School. Aug 2010

LA – Health and Safety Team - Safety Advice Note SAN M 04a - Managing Asthma in School. Aug 2010

LA – Health and Safety Team - Safety Advice Note SAN M 05 - Managing Epilepsy in School. Aug 2010

DoH (2014) Guidance on the use of emergency salbutamol inhalers in school

<https://www.asthma.org.uk/410d90fc/globalassets/campaigns/northern-ireland-school-inhalers-guidance.pdf#:~:text=The%20main%20risk%20of%20allowing%20schools%20to%20hold,a%20breathless%20child%20who%20does%20not%20have%20asthma.>

Useful, recommended websites for Specific Conditions

<http://www.anaphylaxis.org.uk/>

The Anaphylaxis Campaign website contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

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

Asthma UK has downloadable school policy guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class.

<http://www.diabetes.org.uk/?gclid=CLPm5ZmTurICFWLHtAod9nsArQ>

Diabetes UK has information on diabetes in school, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it.

<http://www.epilepsy.org.uk/>

Epilepsy Action (British Epilepsy Association) has specific information for education professionals on its website. This looks at classroom first aid, emergency care, medication and school activities.

<http://www.eczema.org/>

The National Eczema Society has produced an activity pack, available on our website, to encourage discussion about eczema in the classroom.

<http://www.sicklecellsociety.org>

The Sickle Cell Society has downloadable leaflets for education staff covering school work, sports, school journeys, and medical emergencies. It has a guide on incorporating teaching about sickle cell into the national curriculum.

Appendix 1: Responsibilities

The Head teacher will be the responsible person for ensuring implementation of this policy in school. They will ensure that:

- ✓ Sufficient staff are identified and suitably trained, with cover arrangements in case of staff absence or staff turnover, to ensure that someone is always available where required.
- ✓ All relevant staff are made aware of this policy and understand their role in its implementation.
- ✓ Staff who need to know are aware of the child's condition.
- ✓ Staff are appropriately insured, and they are made aware they are insured to support pupils.
- ✓ Briefing for supply teachers is provided where relevant.
- ✓ Risk assessments for school visits and other school activities outside of the normal timetable are carried out.
- ✓ The appropriate health care service is contacted in the case of any child who has a medical condition that may require support in school
- ✓ Where necessary / appropriate liaise with the SENCO to make an EHCP application.
- ✓ Implementation, development and monitoring of individual healthcare plans.
- ✓ Implementation of arrangements for managing storage, administration, and recording of medication

Staff

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

- ✓ Staff must not give prescription medications or undertake healthcare procedures without appropriate training.
- ✓ Although it is recognised that administering medicines is not part of teachers' professional duties, they will take account of the needs of pupils with medical conditions that they teach.
- ✓ School staff will receive suitable and sufficient training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.
- ✓ Staff will contribute, where relevant, to the development and review of individual healthcare plans
- ✓ Individual healthcare plans will include procedures to enable staff to respond accordingly when they become aware that a pupil with a medical condition needs help or requires emergency attention.

E-School Nurse

Where required, the school will access the e-school nurse service to seek advice and support.

- ✓ School nurses may directly notify the school when a child has been identified as having a medical condition which will require support. Wherever possible, this should be done before the child starts at the school.
- ✓ E-School nurse may support the Headteacher and staff on implementing a child's individual healthcare plan. They will provide advice and guidance, for example, on staff training.
- ✓ E-School nurses can liaise with healthcare professionals, e.g. Clinicians, G.P., Children's Community Nurse or Community Mental Health Team, on appropriate support for the child and associated staff training needs.

Liaison will take place with healthcare professionals, including GPs and paediatricians, where required, to ensure clinical input and pertinent advice is obtained on developing individual healthcare plans.

Specialist or specific local health teams may be contacted to provide support in schools for children with particular conditions (e.g., asthma, diabetes).

2.2

Wherever possible pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of, and compliance with, their individual healthcare plan.

It is the policy of the school to promote self-care for those pupils who are competent to manage their own health and safety needs and medications.

2.2.1 Parents

- ✓ Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. It is recognised that they might, in some cases, be the first to notify the school that their child has a medical condition.
- ✓ Parents/carers must give prior written agreement for any medication, prescription or non-prescription, to be given to a pupil.
- ✓ As key partners they should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. However, confirmation of any medical or clinical need will always be sought from a suitable healthcare professional.
- ✓ Parents should carry out any action they have agreed to as part of the healthcare plan's implementation e.g. provide medicines and equipment, collect same at end of term, and ensure that they or another nominated adult are contactable at all times.

Appendix 2:

SOUTH CUMBRIA PRS

STAFF TRAINING RECORD



This form should be completed to reflect any learning opportunities accessed in order to support specific conditions / individuals. It must not be assumed that advice relating to a specific condition will remain the same for all individuals and this form should be re-submitted for each Individual Health Care Plan (IHCP).

Staff **must not** administer medication or undertake healthcare procedures without appropriate training. A First Aid certificate **does not** constitute appropriate training in supporting students with medical needs.

Please ensure that the form is signed by a medical professional.

Name

Training title accessed

Type of training i.e. course/advice

Date training / advice accessed

Provided by

Profession and title

Service

Suggested review date

I confirm that I have accessed the learning opportunity above.

Signed

Profession

Print

Date

I confirm that the above information is accurate.

Signed

Date

Print

Appendix 3:

SOUTH CUMBRIA PRS

INDIVIDUAL HEALTH CARE 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

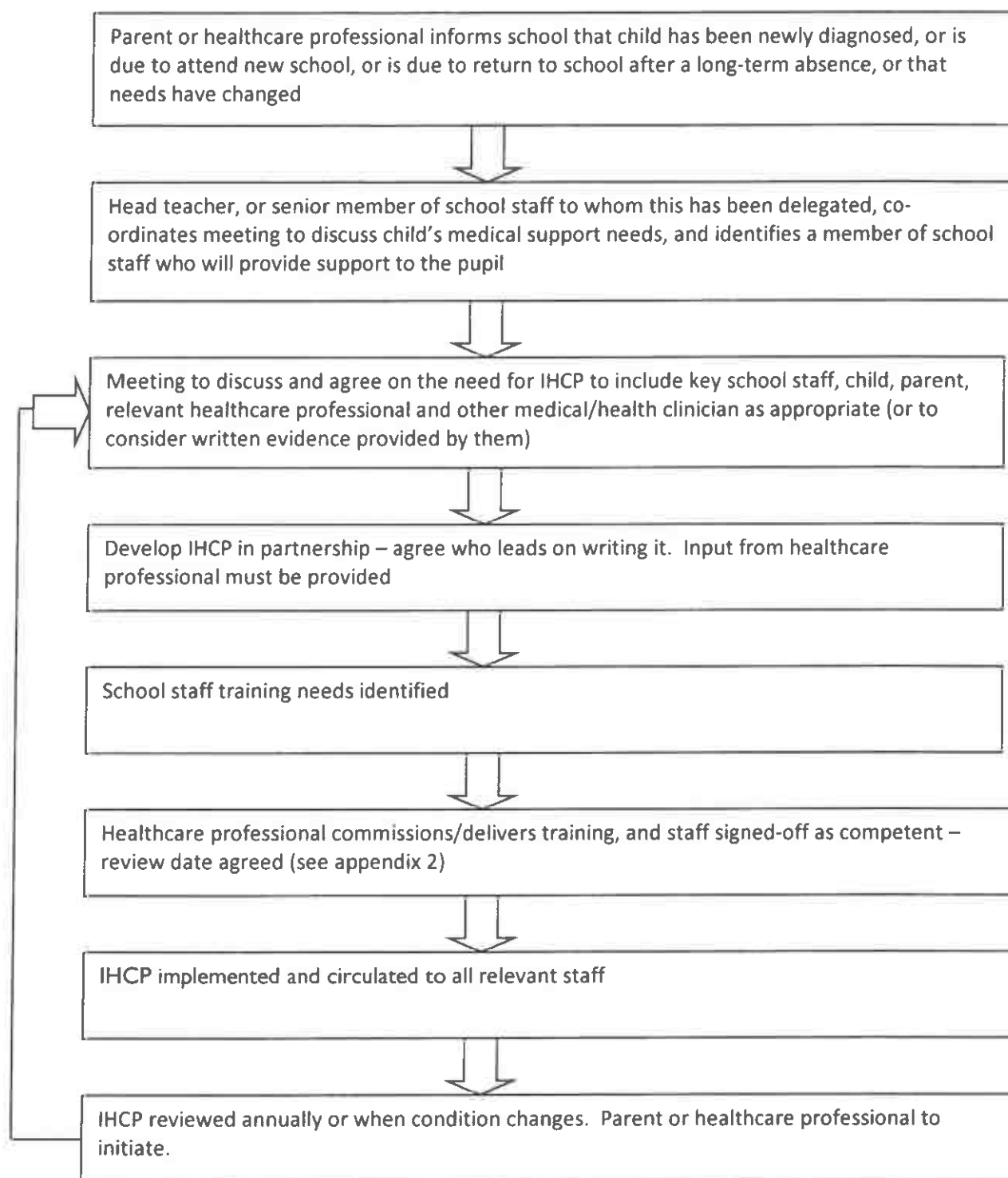
Form copied to

INDIVIDUAL HEALTH CARE PLANS: What to consider

When developing a suitable IHCP there may be many aspects to consider. The list below is suggestive but not exhaustive:

- the medical condition, its triggers, signs, symptoms and treatments.
- the pupil's resulting needs, including medication (side-effects and storage) and other treatments, dose, time, facilities, equipment, testing, 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 own medication, this should 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?
- who in the school needs to be aware of the child's condition and the support required?
- written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the individual 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 who to contact, and contingency arrangements.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided below



Appendix 5:

SOUTH CUMBRIA PRS

MEDICAL INFORMATION (Part of pupil induction)



Medical Details

Name of Doctor:		Phone Number:	
Surgery:			
Up to date with inoculations, including tetanus?	YES	NO	

Condition 1

Condition / Illness:	
Implications / Side Effects:	
What constitutes an Emergency?	
What Emergency Procedures should be taken?	

Medication Details

Name of Medication:		Time Taken:	
Form:		Method:	
Special Precautions:		Dosage:	
Side Effects:			
Emergency Measures:			
Administration:	SELF	SCHOOL	

Condition 2

Condition / Illness:	
Implications / Side Effects:	
What constitutes an Emergency?	
What Emergency Procedures should be taken?	

Medication Details

Name of Medication:		Time Taken:	
Form:		Method:	
Special Precautions:		Dosage:	
Side Effects:			
Emergency Measures:			
Administration:	SELF	SCHOOL	

Do any of the conditions meet DDA 2005 criteria? (This knowledge will enable the PRS to complete an equality impact assessment)	YES	NO
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Does the student have an Individual Healthcare Plan? (A copy of this must be provided and Key Teacher invited to review meetings)	YES	NO
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REQUEST FOR PUPIL TO CARRY AND/OR ADMINISTER THEIR OWN MEDICATION

NB: All medication must be provided in the original packaging and prescribed to the student

Pupil Name: _____

DOB _____

Gender M / F

Address: _____

Condition or illness _____

Name of medication to
be carried / administered _____

Details of what constitutes
an emergency (i.e. where
school staff / medical
intervention will be needed) _____

In the event of an emergency
What procedures should be
taken. _____

Contact details of Parent or Guardian: (Someone must be contactable at all times).

Name: _____

Relationship _____

Phone number _____

Mobile number _____

Alternative contact _____

The above information is, to the best of my knowledge, accurate at the time of writing.

I request that _____ carries their medication with them to use as prescribed or when necessary. I agree to inform the school in writing if I wish to withdraw this request and I will complete a new form if the information changes.

Signature _____

Parent / Guardian

Date _____

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

NB: All medication must be provided in the original packaging and prescribed to the student

Pupil Name:

DOB

Gender M / F

Address:

Condition or illness

MEDICATION (Must be as stated on the prescription / medication packaging)

Name of medication

Expiry date

Strength

Form (e.g. tablet, syrup, cream)

How long is it expected that
your child will be on the
medication

Full directions for use

Dosage

Method (i.e. oral)

Timing

Special precautions

Details of any side effects

Can your child self-
administer?

Procedures to take in an
Emergency?

Contact details of Parent or Guardian: (Someone must be contactable at all times).

Name:

Relationship

Phone number

Mobile number

Alternative contact

The above information is, to the best of my knowledge, accurate at the time of writing.

I understand that I must deliver the medicine(s) personally to _____ [agreed member of staff] and accept that this service is provided by the PRS on a voluntary basis. I agree to inform the PRS of any changes to this information by completing a new form at the earliest opportunity.

Signature

Parent / Guardian

Date
