



ST JAMES
Senior Girls' School

Administration of Medicines and Supporting Pupils with Medical Conditions Policy

St James Senior Girls' School

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1 Policy statement

- 1.1 This policy applies to all pupils at St James Senior Girls' School.
- 1.2 This policy is addressed to all staff and is available to parents on request.
- 1.3 This policy should be read in conjunction with the school's First Aid Policy. The school adheres to the DfE guidance entitled 'Guidance on First Aid'.

2 Aims

- 2.1 The Board of Governors of the School is committed to ensuring that all pupils with medical conditions can access and enjoy the same opportunities at the School as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.
- 2.2 The Board of Governors will also ensure that the School implements and maintains an effective management system for the administration of medicines to all pupils in our care in order to ensure that the School provides support to individual pupils with medical needs.

3 Responsibilities

- 3.1 Mrs Annabel Lubikowski, the School's Safeguarding Governor, has overall responsibility for the implementation and review of this policy.
- 3.2 The Headmistress is responsible for:
 - 3.2.1 ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist pupils with medical conditions;
 - 3.2.2 ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the School, including making contingency plans for staff absence and emergency situations;
 - 3.2.3 ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis;
 - 3.2.4 ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions;
 - 3.2.5 the overall development and monitoring of Individual Healthcare Plans (IHCP) at the School.

4 Liaising with parents

- 4.1 The School promotes on-going communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.
- 4.2 Parents must inform the School Nurse if their child has or develops a medical condition, allergy or food intolerance and, where appropriate, provide the School with appropriate medical evidence and/or advice relating to their child's medical condition.
- 4.3 Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce an IHCP for their child. A template letter to parents can be found in Appendix 3.
- 4.4 Parents should also inform the School Nurse where their child will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.
- 4.5 The School requests that medication is only taken at school if it is essential, that it is where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending School.
- 4.6 Staff at the School will not administer any medication to a pupil without obtaining prior written permission from the pupil's parent(s) or caregiver(s) who hold parental responsibility. This requirement will not

prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

- 4.7 Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription or non-prescription medication without parental consent.

5 Individual Health Care Plans

- 5.1 The School will focus on the needs of each individual pupil and how their medical condition impacts on their school life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.
- 5.2 Where a pupil has long-term or complex medical condition or health needs, the School will, where appropriate, produce an IHCP for that pupil, in accordance with Appendix 1. A template IHCP is set out in Appendix 2.
- 5.3 The IHCP will be prepared following consultation with the parents, the pupil (where appropriate) and School Nurse and/or any other relevant healthcare professional.
- 5.4 Where appropriate, the IHCP should be linked with a pupil's Education, Health and Care Plan (**EHC**). Where a pupil has SEND but does not have an EHC plan, their SEND should be mentioned in their IHCP.
- 5.5 The IHCP will be presented to the Parents for approval prior to its implementation to ensure the School holds accurate information about the medical condition of any pupil with long-term needs.
- 5.6 Once the IHCP is approved the School Nurse will be responsible for its maintenance and implementation.
- 5.7 The IHCP will be reviewed at least annually or more frequently where a pupil's needs change.

6 Training

- 6.1 The School will ensure that there are members of staff who are appropriately trained to manage medicines as part of their duties.
- 6.2 The Headmistress has overall responsibility for the administration of medicines and the arrangements for pupils with medical conditions within the School. She will delegate duties as appropriate to the School Nurse and other members of staff who have received training in accordance with section 6.4 below.
- 6.3 The School Nurse will ensure that all staff are supervised when administering medicines, where appropriate. Any staff responsible for the administration of medicine will have access to pupils' IHCPs.
- 6.4 Relevant members of staff will receive appropriate training and support from the School Nurse and/or a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by the School Nurse and/or a qualified health professional, where appropriate.
- 6.5 The School Nurse and/or qualified health professional will provide written confirmation that the member of staff is proficient in the procedure which is set out in Appendix 6.
- 6.6 Staff must not give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt a first aid certificate does not constitute appropriate training in supporting pupils with medical conditions.
- 6.7 The School engages the following health professionals to train and assist school staff in dealing with medical conditions and administering medicine: School Nurse.
- 6.8 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes.

- 6.9 These protocols are drafted by the School Nurse. The School has adopted the Medical Conditions at School guidance and protocols
- 6.10 Copies of the guidance and protocols are available from the School Nurse and can be found in Appendix 7.
- 6.11 All new starters will be made aware of the terms of this policy during their induction and of details of protocols relevant to those pupils under their care.

7 Insurance

- 7.1 The Board of Governors will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the School.
- 7.2 All staff who are required to administer medicines or to provide support to pupils with medical conditions are covered by the School's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

8 Medical records and consent

- 8.1 Parents of all pupils at the School are required to give written consent for the administration of all medications. In the Pupil Medical Profile form there is a list of over the counter medicines available in the Medical Centre for administration by the School Nurse. Parents are also required to supply written consent for all other medications e.g. prescription drugs.
- 8.2 Staff administering medicines will sign the records at Appendix 5 each time a medicine is administered. Written records of all medication administered to every pupil are recorded on SchoolBase by the School Nurse and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the School Nurse.

9 Prescription and non-prescription medication

- 9.1 As a rule, staff will not administer any medication that has not been prescribed for that particular pupil by a doctor, dentist, nurse or pharmacist.
- 9.2 Staff may only administer certain non-prescription medication such as pain and fever relief if the Parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. Parents will be asked to sign Appendix 4 to confirm their agreement to staff administering such medication and to confirm that the pupil has not suffered an adverse reaction to the medication in the past.
- 9.3 No pupil shall be given medicine containing aspirin unless prescribed for that particular pupil by a doctor.

10 Self-medication

- 10.1 The School recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers and AAI's), wherever possible or should be able to access their medicines for self-medication quickly and easily.
- 10.2 Following consultation between the School, parents and the pupil, a pupil will be permitted to store and carry their own medication if in the opinion of the School Nurse they are sufficiently competent to do so. This will be reflected in a pupil's IHCP.
- 10.3 The School will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision.
- 10.4 Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances and to do so is a breach of school rules.

11 Administration of medication

- 11.1 Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- 11.2 All medicines supplied to the School by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils.
- 11.3 If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.
- 11.4 If a pupil refuses their medication, staff will record this and report to parents as soon as possible.

12 Storage of medication

- 12.1 Medicines are always securely stored in accordance with individual product instructions.
- 12.2 The School will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 12.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 12.4 Emergency medication such as inhalers, AAIs and blood glucose testing meters will be kept in the Medical Room which will be clearly marked, but in order to allow immediate access the cabinet will not be locked. Generic Asthma Inhalers and generic Adrenaline Auto-Injectors are available from each of the First Aid Points throughout the school. In the case of medication which is not required in an emergency, the pupil will be told where their medication is stored and who holds the key.
- 12.5 Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.
- 12.6 If a pupil is prescribed a controlled drug, unless otherwise agreed as part of a IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the pupil will have access. A record of any doses used and the amount of the controlled drug held at the School will be maintained.
- 12.7 Those pupils who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.
- 12.8 Parents should collect all medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the School.

13 Emergency procedures

- 13.1 In the event of an emergency related to the administration of medicine, the School Nurse should be called as soon as possible, if not already present. If the School Nurse does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the School site.

13.2 A checklist for contacting the emergency services can be found in Appendix 8.

14 Off-site visits and sporting events

14.1 The School actively supports all pupils with medical conditions to access and enjoy the same opportunities at the School as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as her GP).

14.2 If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

14.3 All pupils requiring preventative medicine (particularly for sport), are responsible for carrying their own medication with them. PE teachers also carry spare medication in the emergency kits.

14.4 Secure storage for medicines will be available at all short-term accommodation used by the School.

15 Unacceptable practice

15.1 Staff should use their discretion and training with regards to each individual pupil's medical needs, by reference to their IHCP and/or EHC plan, as appropriate.

15.2 However, staff should be aware that the following practices are generally unacceptable:

15.2.1 preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;

15.2.2 assuming that all pupils with the same conditions require the same treatment;

15.2.3 frequently sending pupils with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their IHCP/EHC plan or by their medical advisors;

15.2.4 penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments);

15.2.5 preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;

15.2.6 requiring parents, or otherwise making them feel obliged, to attend the School to administer medication or otherwise provide medical support to their child during the school day;

15.2.7 preventing pupils from participating in, or creating unnecessary barriers to children participating in all aspects of school life.

16 Complaints

16.1 If parents or pupils are dissatisfied with the medical support provided at the School they should raise these in the first instance with the Deputy Head (Pastoral).

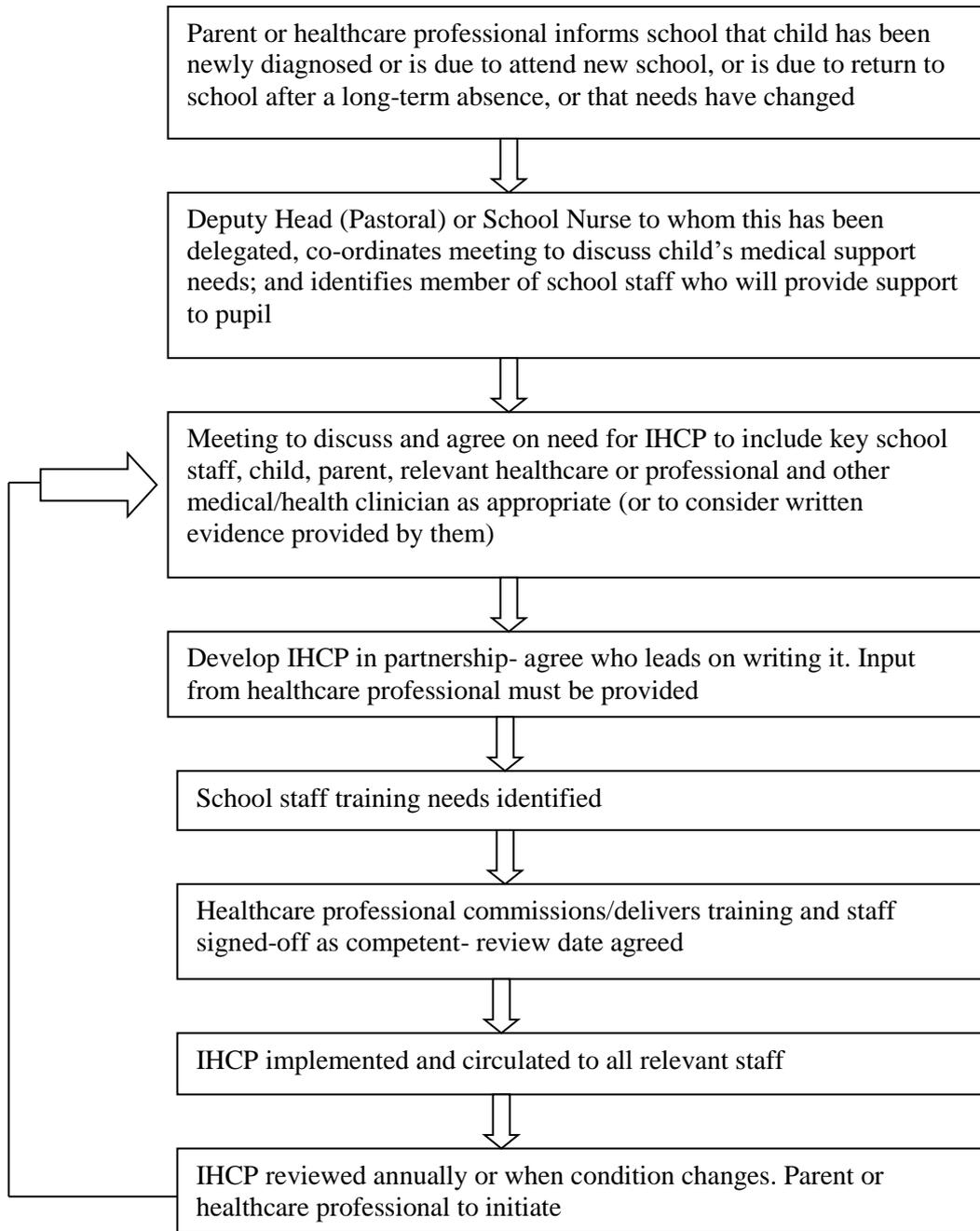
16.2 If the Deputy Head (Pastoral) cannot resolve the issue then a formal complaint can be raised with the Headmistress.

17 Review

17.1 This policy and its procedures will be reviewed and updated on an annual basis.

Signed by:	Hugh Venables Chair of Governors
Date of adoption of this policy	January 2022
Date of last review of this policy	Autumn 2021
Date for next review of this policy	Summer 2022
Policy owner (SMT)/other	Deputy Head (Pastoral)/School Nurse

Appendix 1 Model process for developing Individual Healthcare Plans



Appendix 2 Individual Healthcare Plan (IHCP)

Name of School	
Name of child	
Form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family contact information	
Name	
Telephone number (work)	
Telephone number (home)	
Telephone number (mobile)	
Relationship to child	
Name	
Telephone number (work)	
Telephone number (home)	
Telephone number (mobile)	
Clinic/Hospital contact	
Name	
Telephone number	
GP	
Name	
Telephone number	
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

Name

Appendix 3 Template letter inviting parents to contribute to Individual Healthcare Plan development

Dear Parent,

Developing an Individual Healthcare Plan for [• name of pupil]

Thank you for informing us of [• name's] medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the School, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [• 00 month year]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [• the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [• or another member of staff involved in plan development or pupil support] would be happy for you to contact me [• or them] by email or to speak by phone if this would be helpful.

Yours sincerely,

School Nurse

Appendix 4 Pupil Medical Profile

Medical Information and Consent Booklet

The School requires you to complete all sections of this form as fully as possible. It is important that the School Nurse has a record of your child's medical history and the information provided by you in this form will help us to care for your child while they are a pupil at the School.

All information received on this form will be treated in confidence. It is the parent's responsibility to inform School of any changes to the information given on this form.

For more information about how the School may use your and your child's information contained in this form, please see our Pupil Privacy Notice and our Parent Privacy Notice, which are enclosed with the letter of offer and published on the School website. *Please note that information disclosed on this form may be shared with other members of St James' staff as appropriate.*

Pupil Details

Pupil's full name:			
Date of birth:		Year of Entry	
Address			
Post Code			

Parent/Guardian Details

Parent/Guardian Name	Relationship to Pupil
Address	Contact Numbers: Mobile: Home: Work:

Emergency Contact details

Please provide the names and telephone numbers of two relatives or friends who would be willing (in your absence/unavailability) to collect your child in an **emergency**:

Emergency Contact Name	Emergency Contact Numbers:
Relationship to Pupil	Mobile: Home/Work
Emergency Contact Name	Emergency Contact Numbers:
Relationship to Pupil	Mobile: Home/Work

General Practitioner (GP)

Name of GP	
Address	
Telephone number:	
Pupil NHS number	

School Activities

Is there a medical reason why your child should not engage in any of the School's academic and sports curriculum and outdoor activities:

Medical Conditions

Does your child have any medical conditions e.g. Epilepsy, Diabetes or others? <i>If 'Yes' please provide details in the box below</i>	Y / N
Does your child have any mental health conditions? <i>If 'Yes' please provide details in the box below:</i>	Y / N
If your child has been diagnosed with any of the above conditions we will require a care plan from your GP.	

Hospital/Clinic

Please give details of any serious illnesses, operations or past hospital treatment:
Does your child attend hospital/clinic for any medical reasons? YES/NO
If yes, please give the name of doctor/consultant, hospital/clinic and contact details

Eyesight and Hearing

Does your child wear spectacles?	Yes		No	
Does your child wear Contact Lenses?	Yes		No	
Has colour vision been tested?	Yes		No	

Date of last sight test	DD/MM/YYYY		
Has your child's hearing been tested?	Yes		No
Date of last hearing test	DD/MM/YYYY		

**ALLERGIES
FOOD ALLERGY/INTOLERANCE INFORMATION**

PUPIL NAME	YEAR	DATE OF BIRTH

Does your child have a food allergy	YES	NO	List foodstuffs your child is allergic to
Does your child have a food intolerance	YES	NO	List foodstuffs your child is intolerant to

Please provide a Doctor/Dietician report stating your child's food allergies/intolerances

If your child has a Food Allergy, we need to share this information with the company that provides the catering services at the school. This information will be held confidentially and will not be used for any other purposes.

LIST MEDICATION IF ANY PRESCRIBED FOR ALLERGY on page 7 of this form

SEVERE ALLERGIES

If your child has a **Severe Allergy** that requires them to carry an **AAI**, can you please provide **TWO SPARE AAIs, Oral Antihistamine** and **Inhaler** if prescribed, which will be kept in the Medical Centre.

Your child will also be expected to carry their own medication with them throughout the school day. You will receive an **ALLERGY ACTION PLAN** for completion. Please return to the School Nurse as soon as possible. The School Nurse will contact you about your child's allergies.

In the event of my child displaying symptoms of an allergic reaction, and if their AAI (Automatic Adrenaline Injector) is not available or is unusable, **I consent for my child to receive adrenaline from a generic AAI held by the school for such emergencies.**

Signed	Print name	Date
.....

Relationship to Child

Does your child have any of the following allergies?			
Hay fever	Yes		No
Medicine (If Yes, please provide details in the box below)	Yes		No
Animals (If Yes, please provide details in the box below)	Yes		No
Other allergies (If Yes, please provide details in the box below)	Yes		No

ASTHMA

Does your child suffer from **ASTHMA**? If your child does suffer from Asthma please provide 1 spare inhaler that will be kept in the Medical Centre. You will receive an Asthma Care Plan for completion. Please return to the School Nurse as soon as possible. The School Nurse will contact you about your child's Asthma.

I give my consent in the event of an emergency, for my child to receive salbutamol from a generic inhaler held by the school for such emergencies.

Signed	Print name	Date
.....

Relationship to Child

If your child has been diagnosed with anaphylaxis, asthma, diabetes, epilepsy or other medical conditions we will require a **care plan from your GP. Please be aware it is the responsibility of Parents/Guardians to keep track of the expiry date of all medication held in the Medical Centre for your child.**

GENERAL MEDICAL

Does your child suffer from any of the following? If yes, please give details. (Please indicate by ticking either Yes or No for each condition)			
Bronchitis	Yes		No
Wheezing with colds	Yes		No
Earache	Yes		No
Tonsillitis	Yes		No

Fits, faints or blackouts	Yes		No	
Diabetes	Yes		No	
Skin Problems (e.g. Eczema)	Yes		No	
Bone or joint problems	Yes		No	

INFECTIOUS CONDITIONS

Has your child had any of the following infectious conditions? (Please indicate by ticking either Yes or No for each condition)			
Condition:	Yes	No	Approximate date of infection
Mumps			
Rubella			
Chicken pox			
Measles			
Glandular fever			
Rheumatic fever			
Whooping Cough			

IMMUNISATION

The following table lists the routine and optional vaccinations (including travel vaccinations) available for children in the United Kingdom. Please provide date(s) of immunisation of your child where indicated, or if immunisation has not been carried out, please state so.

Age to immunise	Diseases protected against	Vaccine given	Dates given
Eight weeks old	Diphtheria, tetanus, pertussis, polio and haemophilus influenza type b (HiB), hepatitis B Pneumococcal disease, MenB, Rotavirus	DTa/IPV/Hib PCV MenB, Rotarix	
Twelve weeks old	Diphtheria, tetanus, pertussis, polio and HiB, HepB Rotavirus	DTa/IPV/Hib HepB Rotarix	
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and HiB And HepB Pneumococcal disease MenB	DTaP/IPV/Hib/HepB PCV MenB	
One year old	Hib and MenC Pneumococcal disease Measles, mumps and rubella. MenB	HiB/MenC PCV MMR MenB booster	
Eligible paediatric age groups	Influenza (each year from September)	Live attenuated influenza vaccine	
Three years 4 months old or soon after	Diphtheria, tetanus, pertussis and polio	DTa/IPV	

	Measles, mumps and rubella	MMR	
Girls aged 12 to 13 years old	Cervical cancer caused by the human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)	HPV x2 doses (6 to 24 months apart)	
Thirteen to 18 years old	Tetanus, diphtheria and polio. Men A,W,Y	Td/IPV MenACY	

○ **Non routine immunisations for at-risk babies**

Age to immunise	Diseases protected against	Vaccine given	Date given
At birth	Tuberculosis	BCG	
Any other immunisations:			

OVER THE COUNTER MEDICATIONS

Below is a list of over-the-counter medications held in the School Medical Centre and routinely administered to pupils by the School Nurse. Please cross through any 'over the counter' medications you **do not** wish your child to receive.

Paracetamol (mild to moderate pain relief)	Sunscreen Lotion for Children
Paracetamol suspension (pain and fever)	Anthisan cream (bites and stings)
Ibuprofen (anti-inflammatory)- from 16 years old	Arnica cream (bruises)
Nurofen for children (fever and pain)	Burnshield (burns)
Piriton/Piriteze (hay fever and mild allergic reactions)	Freeze Spray (bruises and sprains)
Simple Linctus (coughs)	Deep Heat (muscular aches/pains)
Lemsip (colds and flu)	Antiseptic liquid or cream for wounds
Dextro (glucose sweets, diabetes)	E45 cream
Cough sweets (sore throats, coughs)	Plasters
Rennie (indigestion)	
Olbas Oil (decongestant)	

Should your child need to receive **prescribed** medication during the school day, **you** must deliver the medicine to the Medical Centre, together with clear, written instructions from you. All medication should be delivered in the original box/bottle - labelled clearly.

I give my consent for the above undeleted medications to be given to my child when necessary.

Signed

Print name

Date

.....

Relationship to child:

Please be aware it is Parent's/Guardian's responsibility to keep track of the expiry dates of all Medication held in the Medical centre for your child.

AAI – Automatic Adrenaline Injector

Prescribed Medication and Treatment

Name of medication/treatment	Reason for medication/treatment	Dosage (if applicable)	Frequency

MEDICAL CONSENT

I/We have provided full and complete information about my/our child in this Medical Information Form.

I/We agree to inform the School in the event that my/our child's health or needs change.

I/We also agree to inform the School of any medication or treatment my/our child is receiving as it has been understood that appropriately qualified School staff may administer medication.

First Aid: I/We consent to appropriately trained and qualified members of the School staff administering first aid to my/our child, when needed.

Emergency Medical Treatment: I/We give my/our consent for the Headmistress to act on my/our behalf to authorise emergency medical treatment, as necessary, for my/our child's welfare in the event I/we cannot be contacted in time.

The Administration of Medicines: I/We hereby consent to appropriately qualified members of the School staff administering prescription medication as listed in the Medication and Treatment section of this Medical Information Form or as subsequently notified to the School and/or non-prescription medication as indicated on the 'over-the-counter medications list' in this form under protocols from the School Nurse for treating minor ailments.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (Please include all names)		
Relationship to child		

Date		
-------------	--	--

Appendix 5 Record of prescribed medicine administered to an individual child

Name of School	
Name of child	
Date medicine provided by parent	
Form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature
Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 6 Staff training record: administration of medicines

Name of School	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [• name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [• name of member of staff].

Trainer's signature
Date

I confirm that I have received the training detailed above.

Staff signature
Date

Suggested review date
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Appendix 7 Guidance on dealing with specific Medical Conditions

Please follow the following links:

ASTHMA: www.asthma.org.uk/Asthma

SEVERE ALLERGIES/ANAPHYLAXIS: www.anaphylaxis.org.uk

EPILEPSY: www.epilepsy.org.uk/information

DIABETES: www.diabetes.org.uk

MINOR HEAD INJURY: www.nhs.uk/conditions/minor-head-injury

SEVERE HEAD INJURY: www.nhs.uk/conditions/severe-head-injury

Please contact the School Nurse if you wish to receive this guidance as a hard copy.

Appendix 8 Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- your telephone number 020 7348 1777
- your name
- your location: St James Senior Girls' School, Earsby Street, London. W14 8SH
- provide the exact location of the pupil
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- put a completed copy of this page by the phone.