

Shoreham Beach Primary School



Managing Medicines Policy

Revised Jan 2024
Next revision Jan 2026

MANAGING MEDICINES POLICY

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Shoreham Beach Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Shoreham Beach Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Shoreham Beach Primary School is **Lucy Bennett** or in their absence **Amanda Dixon**. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff and appointed governors will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Headteacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

Admissions

When the school is notified of the admission of any pupil the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using '**Appendix 1 - Parent/Carer Consent to Administer Short-term Non-prescribed**

'ad-hoc' Medicines. An assessment of the pupil's medical needs will be completed. This might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHC) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHC for pupils who:

Have long term, complex or fluctuating conditions – these will be detailed using **Appendix 2 - Individual Healthcare Plan (IHCP)**

- Require medication in emergency situations – these will be detailed using **Appendix 3 for mild asthmatics and Appendix 4 (Antihistamine), Appendix 5 (Emerade Adrenaline Auto Injector) and Appendix 6 (EPIPEN Adrenaline Auto Inductor).**

Parents/carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/carer and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent **Appendix 1** - for symptoms that arise during the school day. The school will inform the parent/carer of the time and dose of any medication administered either by telephone or by sending the parent a PING message if the parent does not answer the phone.

All other medication must be supplied by the parent/carer in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the School Office with the appropriate consent form **Appendix 7 – Parental Consent to Administer Prescribed Medication** and **Appendix 7A – Parent/Carer Consent to Administer Non-prescribed Medicines – 48 hours.** Non-prescribed medicine will only be kept at school for 48 hours and parents are required to collect this from school after that time.

Confidentiality

As required by the Data Protection Act 2018 (GDPR), school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff, with contact to a pupil with medical needs, will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to Administer Medication

Parental/carer consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/carer consent to administer ad-hoc non-prescription Appendix 1 (Parent/Carer Consent to Administer Short-term Non-prescribed 'ad-hoc' Medicines Form) when the pupil joins the school.
- The school will send annual reminders, by PING, requesting parents/carers to inform the school by emailing medical@sbprimary.co.uk if there are changes to consent gained when the pupils joined the school. The school will then keep a record to confirm that all parents/carers have read the annual reminder.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form **Appendix 7 - Parental Consent to Administer Prescribed Medication** or **Appendix 7A – Parental Consent to Administer Non-prescribed Medication (48 hours)**.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using **Appendix 8 (Record of Medicine Administered to an Individual Child Form)** and the parent/carer informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine

All other non-prescription medications will only be administered by staff, providing:

- The parent/carer confirms daily the time the medication was last administered and this is recorded on **Consent Form – Parent Consent to Administer Non-Prescribed Medicine (Appendix 7A)**
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or carer in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/carer consent (**Appendix 7A**) and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. **only one non-prescription medication will be administered at a time;**
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor;
- Non-prescription medication required for longer than 48 hours. Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note.
- **A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/carers will be advised to contact their Doctor.**
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/carers have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
 - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – anti-histamine (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/carer in its original packaging with the PIL if available. **(Appendix 9 – Consent to Administer Non-prescribed Medication on a Residential / School Trip)**

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/carer and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/carers and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/carer and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school **will refuse to administer pain relief.**

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard of dose of Paracetamol without any need to confirm with the parent/carer if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/carer if pain relief has been administered this will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupil's parent or carer to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma. Parents will need to complete Consent Asthma Inhaler Form (Appendix 3) if a child has an inhaler in school. The spare inhalers (and spacers) are all named. Years R – 2 inhalers are kept in a specific box for asthma inhalers in the child's classroom. When a child uses their inhaler – it is recorded. If a child uses their inhaler more than the usual amount, parents are contacted. Children in Years 3 – 6 keep their inhalers in their drawers. If they use their inhaler it is recorded in the class inhaler record book (again if they use their inhalers more than usual – parents are contacted. All record books are shredded when full (GDPR)

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ carer(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. Parents will need to complete the relevant form with children with auto-injectors (Appendix 5 – Administer Emerade Adrenaline Auto-Injector or Appendix 6 – Administer EpiPen Adrenaline Auto-Injector).

Mild Allergic Reaction

Non-prescription antihistamine will, with parental consent, be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication. (Parents complete Administer Non-Prescribed Medicines Form – Appendix 7A)

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available, staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) and spacer(s) will be held by the school to cover emergency use.

Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using **Appendix 3 asthmatics and Appendices 4, 5 & 6**. The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the School Office – on Notice Board above phone.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet. Controlled drugs for emergency use e.g. midazolam (for seizures) will not be locked away.

and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Emergency medicines will be stored on top of the medicine's cabinet. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication. **Pupils' medication is stored in the locked Medicine's Cabinet located in the Medical Room. The labelled key is pinned high on notice board (top left adjacent to medical room) in the School Office.**

Asthma Inhalers for Years R – 2 are kept in a specific box for asthma inhalers in the child's classroom. When a child uses their inhaler it is recorded. If a child needs their inhaler more than the usual amount, parents are contacted. Children in Years 3 – 6 keep their inhalers in their drawers in their classroom. If they use their inhaler it is recorded in the class inhaler record book (again if they use their inhalers more than usual – parents are contacted.) All record books are shredded when full (GDPR)

All children with an inhaler know where their inhaler is kept.

Adrenaline Auto Injectors – one is kept in the Medical Room and one is kept in the child's classroom. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in a locked container which is in the fridge in the Meeting Room. Antibiotics (which usually need to be kept in fridge) can be prescribed three times a day (before, after school and bedtime) so there is no need for a child to have antibiotics administered in school.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/carer for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ carer will also be informed if their child has been unwell during the school day and medication has been administered.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes

(insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (**Consent to Administer Non-prescribed Medication on a Residential /School Trip Appendix 9**) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person. If pupil has no IHP or EHP details of management of medication must be detailed in the risk assessment (Evolve)

Records of any medicine administered should be recorded (as it would be if in school) and kept.

Residential Visits (overnight stays)

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication **Paracetamol and Antihistamine** for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

Risk assessing medicines management on all off-site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad. The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.



Appendix 1 SHOREHAM BEACH PRIMARY SCHOOL

Parent/Carer Consent to Administer Short-term Non-prescribed 'ad-hoc' Medicines Form

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication either by phone call or text message. The school holds a small stock of the following medicines:

Paracetamol

Anti-histamine

The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature(s) of Parent/Carer _____

Print Name _____

Date _____



APPENDIX 2 Individual Healthcare Plan (IHCP)

Name of school/setting

SHOREHAM BEACH PRIMARY SCHOOL

Child's name

Year Group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

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

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. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or carer

Print name

Date

Review date

Copies to:



SHOREHAM BEACH PRIMARY SCHOOL ASTHMA INHALER IN SCHOOL FORM

School
use attach
photo
here

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B.

Class

Contact Information

Name					Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other		

If I am unavailable please contact:

Name					Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other		

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
Do they have a spacer?

.....

3. What triggers your child's asthma?

.....

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child **REQUIRES/DOES NOT REQUIRE** a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with indate inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					

Record any further follow up with the parent/carer:



SHOREHAM BEACH PRIMARY SCHOOL

ANTIHISTAMINE CONSENT FORM

School use
attach photo
here

CHILD'S NAME _____

D.O.B _____

YEAR _____

Nature of Allergy:

.....
.....

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP

Name:
Phone No:
Address:

Clinic/ Hospital Contact

Name:
Phone No:
Address:

MEDICATION - Antihistamine

Name of antihistamine & expiry date

- It is the parents responsibility to ensure the Antihistamine has not expired

Dosage & Method: **As prescribed on the container.**

- It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administered this medication in the past without adverse effect.

Signed:.....Print name.....Date.....
I am the person with parental responsibility

Individual protocol for using Antihistamine (e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

**Inform parent/carer
to collect**

.....
from school

Stay Calm

Reassure
.....

**Give Antihistamine
delegated person
responsible to administer
antihistamine, as per
instructions on prescribed
bottle**

**Observe patient and
monitor symptoms**

**If symptoms progress and
there is any difficulty in
swallowing/speaking
/breathing/
cold and clammy
Dial 999**

**A = Airway
B = Breathing
C = Circulation**

**If child is prescribed an
adrenaline auto injector
administer it - follow
instructions on protocol**

If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Pupils name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS
BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.



SHOREHAM BEACH PRIMARY SCHOOL
Consent - Administer Emerade Adrenaline Auto Injector

School
use
attach
photo

CHILD'S NAME _____

Date of Birth _____

Nature of Allergy: _____

Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

GP

Name:
Phone No:
Address:

Clinic/ Hospital Contact

Name:
Phone No:
Address:

MEDICATION Emerade

Name on Emerade & expiry date:

- It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

I am the person with parental responsibility

Individual protocol for using an EMERADE (Adrenaline auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure.....

One member of staff to Dial 999

REMEMBER

A = Airway
B = Breathing
C = Circulation

Give EMERADE first then dial 999

Administer Emerade in the upper outer thigh

Remove cap protecting the needle
Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

Hold Emerade in place for 10 seconds.

Can be given through clothing, but not very thick clothing.
Note time injection given.

If no improvement give 2nd EMERADE 5 minutes later

Call Parents

Reassure
.....

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.



SHOREHAM BEACH PRIMARY SCHOOL
Consent - Administer EpiPen Adrenaline Auto Injector

School
use
attach
photo

CHILD'S NAME _____

Date of Birth _____

Nature of Allergy: _____

Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION EPIPEN

Name on EPIPEN & Expiry date:

- It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- The school staff will take all reasonable steps to ensure does not eat any food items unless they have been prepared / approved by parents
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's EPIPEN or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....
I am the person with parental responsibility

Individual protocol for using an EPIPEN (Adrenaline auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure.....

One member of staff to Dial 999

REMEMBER

A = Airway
B = Breathing
C = Circulation

Give EPIPEN first then dial 999

Administer Emerade in the upper outer thigh

Remove cap protecting the needle
Hold EPIPEN against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

Hold EPIPEN in place for 10 seconds.

Can be given through clothing, but not very thick clothing.
Note time injection given.

If no improvement give 2nd EPIPEN 5 minutes later

Call Parents

Reassure
.....

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.



SHOREHAM BEACH PRIMARY SCHOOL APPENDIX 7 Parental Consent to Administer Prescribed Medication

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school will not give your child medicine unless you complete and sign this form

Date for review to be initiated by	
Name of child	
Date of birth	
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 needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed (Parent/Carer) _____ Date _____



SHOREHAM BEACH PRIMARY SCHOOL

Parent/Carer Consent to Administer Non-prescribed Medicines Form – 48 Hours

The school will not give your child medicine unless you complete and sign this form

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date for review to be initiated by

Name of child

Date of birth

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school needs to know about?

Procedures to take in an
emergency

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education. I am aware that each day I must inform the school when I last administered the medication.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that the school can only administer this non- prescribed medicine for 48 hours

Signed (Parent/Carer _____

Date _____

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/carers	Dosage given in school	Time	Comments

3 main side effects of medication as detailed on manufacturer’s instructions or PIL

1.	2.	3.

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer’s instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/carers(s).

Agreed by: Parent/Carer _____

Date _____



SHOREHAM BEACH PRIMARY SCHOOL

Consent to Administer Non-prescribed Medication on a Residential /School Trip

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away, if your child feels unwell, the school staff may wish to administer the appropriate non-prescription.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year

If your child develops the relevant symptoms during the residential visit or on a school trip, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return by text message or email. The school will hold a small stock of the following medicines:

- Paracetamol
- Anti-histamine

(Tick the non-prescription medications above that you give your consent for the school to administer during the school trip or residential visit and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.)

I give consent for the medicine ticked above can be administered to my child during the residential visit/school trip and that I have administered these medications in the past without adverse effect.

Signature(s) Parent/Carer

Date
