



# English Martyrs Catholic Primary School

‘Walking with Jesus – God’s love in action’

## Supporting Pupils With A Medical Need Policy

This Policy will be reviewed every 2 years

**Date of Review:** Spring 2017

**Date of next intended review:** Spring 2019

### Equality & Diversity

We have considered the impact on equality and diversity on this policy and judge the impact to be neutral.

## **MISSION STATEMENT**

English Martyrs Catholic Primary School offers distinctive Catholic education within a caring Christian community where everyone feels loved and valued, confident and secure.

We believe that each person is precious and gifted, unique and loved by God.

With Christ as our inspiration we work in partnership to create a challenging, effective and exciting

learning environment where everyone is encouraged to embrace opportunity

### **Learning and Teaching**

We provide an exciting, creative and effective learning environment, recognising and responding to individual learning styles. We aim to help each child experience success and to embrace every opportunity by providing the highest -standard of education and care. Children take responsibility for and participate fully in their own learning.

Our curriculum will be both balanced and spiritually based and will fulfil all statutory requirements.

### **Catholic Life of the School**

We recognise God in all aspects of our mission. Specifically we will help children to develop their personal relationship with God. We will deliver high quality learning and teaching in religious education rooted in Catholic values and beliefs. We encourage respect for and understanding of other faiths and beliefs. The school environment will speak of Jesus Christ at the heart of our community. Children will be given opportunities to participate in creative and varied worship appropriate to their age and understanding.

We are an integral part of the parish and will play an active part in its life.

### **Relationships**

We will help each member of the school community to recognise that we are all precious in God's eyes. We will show love and respect for each other. We will give to each other the affirmation we all need and will try to respond to each other's needs.

### **Parents**

We will work to achieve a creative partnership between parents and school which recognises our different responsibilities in the education of the children.

We will communicate effectively with all parents. We will establish a bond of trust, building a partnership which nurtures the children's learning, spiritual development and pastoral care.

### **Community Cohesion**

We will be an integral part of the local community. We will increase the children's awareness of wider world issues. We will develop their sense of responsibility for and involvement in both of these.

We will ensure that our community life witnesses our Christian values and beliefs in all that we do and say.

Walking with Jesus – God's love in action

## **Disability**

*We are a Catholic school. Through all our endeavours we aim to recognise the presence and power of Jesus Christ at the very centre of our existence. As we seek to fulfil the educational needs of the children we strive to live and act according to His will in all that we do and say.*

We will help each member of the school community to recognise that we are all precious in God's eyes. We will show love and respect for each other. We will give to each other the affirmation we all need and will try to respond to each other's needs.

We aim to help each child experience success and to reach their full potential by providing the highest possible standard of education.

At all times and in all areas of school life every reasonable measure will be taken to ensure that each member of this school community is enabled to participate as fully as possible, and achieve success and recognition appropriate to age, understanding and any disability.

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## **Section 1      General Policy Statement**

The Governors and Headteacher of English Martyrs Catholic Primary School acknowledge that there is no legal duty which requires a member of the school staff to administer medication to a pupil or participate in any medical procedure involving a pupil.

The Governors and Headteacher recognise that any provisions or arrangements contained in this policy are voluntary and in addition to the School's Health and Safety Policy.

The support of children with a medical need will be in accordance with the Authority's guidance on Supporting Children in School who have a Medical Need.

## **Section 2      Statement of Organisation for Supporting Children in School with a Medical Need**

The school's arrangements for carrying out the policy includes the following key principles.

- a) Places a duty on the Governing Body to approve, implement and review each individual arrangement.
- b) Places a duty on the Governing Body to consult school staff on each arrangement.
- c) To ensure that any member of staff agreeing to participate in an arrangement does so on a voluntary basis.
- d) That any participating staff have legal indemnity.
- e) That a record keeping system is in place for any arrangements which are implemented.
- f) Provide information and training, where appropriate, for any arrangement for which an employee has volunteered to participate.
- g) That only the following members of staff participate in the arrangements:
  - Teachers
  - Nursery nurses
  - ESAs/TAs - where it is part of their contract of employment

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## **Section 3      Arrangements for Supporting Children in School with a Medical Need**

### **NON OPTIONAL POLICIES**

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### **OPTIONAL POLICIES**

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## Arrangement 3.1 Asthma

### 3.1 Asthma

- 1 The Governing Body recognise that in most cases when pupils suffer from asthma they will need to take asthma medication during the school day, usually through the use of inhalers.
- 2 Every effort will be made to encourage and help a child who suffers from asthma to participate fully in aspects of school life.
- 3 Where a child is admitted to/attends school who suffers from asthma the Headteacher will implement the following procedure:
  - inform all staff;
  - allow children to take charge of and use their inhaler from an early age;
  - encourage and request volunteers to offer assistance when needed;
  - ensure children with asthma have immediate access to their inhaler. Inhalers are kept in the Teacher's Cupboard or in Year 6 Lockers.
  - provide indemnity for staff who volunteer in assisting with administering medication to pupils with asthma;
  - maintain a register of all children who suffer from asthma;
  - encourage and support full participation in PE and sport activities;
  - use either Form AM1 or AM4 for parental requests for asthma medication to be given / taken in school. These are available in Section 4 to this policy.
- 4 The Headteacher will ensure that staff are aware of the procedure to be followed if a child has an asthma attack, as set out in Annex 1 to this arrangement. In cases where it has been necessary to implement an asthma management/care plan due to the severity and stability of a child's asthma Annex 2 to this arrangement will be followed.

## Asthma Attacks

### Asthma Attacks

If a child has an asthma attack the school will follow the following procedure:

- (i) ensure that the reliever inhaler (blue) is taken immediately; repeat the dose every few minutes. If possible use the blue reliever aerosol via a spacer device and give 4-6 puffs spaced out evenly over a few minutes.
- (ii) stay calm and reassure the child. Listen carefully to what the child is saying. Although it's comforting to have a hand to hold, staff will not put their arm around a child's shoulder as this is restrictive.
- (iii) help the child to breathe by ensuring tight clothing is loosened. Encourage the child to breathe slowly and deeply whilst sitting upright or leaning forward slightly, in the most comfortable position for them (lying flat is not recommended). Offer the child a drink of water.
- (iv) return the child to class when they are better.
- (v) inform the child's parents about the attack.

### Emergency Situation

Medical advice will be sought and/or an ambulance called if:

- the reliever has no effect after ten minutes;
- the child is either distressed or unable to talk;
- breathing is faster than usual and / or the child is using their tummy muscles to breathe;
- the child is getting exhausted;
- they are pale or blue around the lips;
- there are any doubts at all about the child's condition.

School will continue to give reliever medication every few minutes until help arrives (too much blue inhaler is more beneficial than too little).

A child will always be taken to hospital in an ambulance. School staff will not take them in their car as the child's condition may deteriorate quickly.

**ASTHMA MANAGEMENT CARE PLAN:**

It should be noted that not all children who suffer from Asthma will have an individual management / care plan. It will be dependent on the severity and stability of each child's asthma.

**IF..... HAS:**

- increased cough;
- increased wheeze;
- increased breathlessness;
- or if he / she is needing to use the Reliever (blue inhaler) more than 3-4 hourly.

**WHAT TO DO:**

- give 4 - 6 puffs of Reliever (blue inhaler) using a spacer device if available;
- each puff should be separate and spaced out evenly over a few minutes;
- wait 10 minutes. If condition returns to normal the child can go back to class;
- If no improvement give 1 puff of Reliever (blue inhaler) every 30 seconds. Up to 10 doses.
- call child's parents or seek medical advice.

**MEDICAL ALERT / EMERGENCY**

**IF THE CHILD IS:**

- breathing faster than usual;
- using his / her tummy muscles to breathe;
- having difficulty in speaking (due to asthma symptoms);
- having difficulty in walking (due to asthma symptoms);
- pale or blue around the lips;
- appears distressed and exhausted.

**WHAT TO DO:**

- DIAL 999 - YOU MUST SEEK MEDICAL HELP;
- give 1 puff of the RELIEVER (blue inhaler) every 30 seconds up to 10 doses, using a spacer device, if available;
- stay with the child until ambulance arrives;
- keep giving reliever as outlined above until help arrives;
- other treatment; .....
- .....
- .....

For further information please contact Parent/Carer:

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## Arrangement 3.2 Headlice

- 1 The Governing Body recognise that Headlice are a problem for the whole community and that there is a high incidence of headlice amongst primary aged school children.
- 2 In managing the problem of headlice the school encourages promoting prevention of them by working with the School Nursing Service and raising awareness through health education.
- 3 This policy acknowledges that school staff and school nurses do not have legal rights to carry out head inspections and the school cannot and will not exclude an infected child.
- 4 The school will distribute a leaflet which has been designed by the School Health Service. The leaflet details the facts about headlice, shows how to detect them and how to treat them. It is distributed to parent(s) and carer(s) periodically and is integrated within the management of other school health problems. A copy of the leaflet can be found in the guidance.
- 5 The school does send out alert letters following an outbreak of headlice.
- 6 In circumstances where support has been offered to parent(s) or carer(s) and they repeatedly fail to take any action in dealing with headlice on their child, the school will consult the Authority with a view to reporting them to Social Services on the grounds of neglect.

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## Arrangement 3.3 Incontinence

- 1 The Governing Body accepts the Authority's Policy that admission to nursery or school cannot be refused on the basis of a child not being toilet trained.
- 2 Furthermore it recognises that some instances of incontinence may be due to a lack of training, delayed development, disability or special educational needs.
- 3 The school will deal with genuine accidents as part of their duty of care for the child in accordance with the procedure for managing incidents of incontinence as outlined in Annex 1 to this arrangement.
- 4 In cases of repeated occurrences of incontinence due to a lack of training the school will advise the parent(s) or carer(s) that it is causing a problem for staff and request their support in managing the situation.
- 5 For SEN pupils with ESA / TA support, managing incidents of incontinence as outlined in Annex 1, will be part of their job description.
- 6 Where possible two staff will be present when changing a child. In respect of older disabled children or older children who have special educational needs the parent(s) or carer(s) will be asked who, i.e. either a male or a female or both, they want to assist in changing their child. In cases where older children are more mentally able the school will ask the child which gender of staff they would prefer to assist in changing them. This information will form part of the Health Care Plan. Please refer to the Intimate Care Policy for further advice.
- 7 Soiled nappies must be disposed of under the regulations covering the disposal of clinical waste using the yellow bag system. Nappy Bin is situated in the Medical Room.

### **PROCEDURE FOR MANAGING INCIDENTS OF INCONTINENCE IN PRIMARY CHILDREN**

Dealing with incontinence in pupils must be managed with the same precautions that apply to any bodily fluid.

- 1 The changing of a pupil's clothing and necessary washing should take place in a private area and if possible two persons should be present.
- 2 Any area designated for this purpose should have facilities for washing and drying the child.
- 3 Members of staff carrying out this procedure should wear disposable gloves and an apron. These are located in the First Aid Room and the Medical Room.
- 4 In cases where children have just been admitted into the nursery unit the school should ask for a change of clothing to be kept at school.
- 5 Parents must always be told that there has been an incident and that it was necessary to wash / dry the child.
- 6 Soiled clothing should be put in a plastic bag and returned to parents for washing or disposal of it.
- 7 Dirty nappies should be placed in a plastic bag and sealed (sellotape or staples) which in turn should be placed in the yellow bag to identify the contents as containing bodily waste.
- 8 At the end of the procedure hands should be washed and dried and the apron and gloves disposed of.

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## Arrangement 3.4 Prescribed Medicines

- 1 The Governing Body recognise that many pupils will need to take medication at school at some time during school life. However medication must only be taken to school when absolutely essential.
- 2 The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.
- 3 In circumstances where it is necessary for a pupil to take medication during the school day the Headteacher will implement the following procedure:
  - inform appropriate staff;
  - request volunteers to administer the prescribed medication;
  - ensure that any medication brought into school is clearly marked with the name of the pupil and the recommended dosage;
  - check that the parental consent form AM1 has been completed and returned to school before medication is administered.
  - Parents/Carers must also sign the form to collect the medicine at the end of the day. Prescribed medicine will not be given to the pupil to take home.
  - If medication needs to be kept in a fridge, staff must use the Medical Fridge located in the First Aid Room.
- 4 Each time a child is given medication a record will be made on form AM2, by the person who administered the medication.
- 5 In cases where pupils can be trusted to manage their own medication it will be encouraged and staff will observe/supervise this. The Headteacher will ensure that parental consent form AM4 has been completed and returned to school and a record will be made on form AM2.
- 6 If a child refuses to take medication school staff will not force them to do so. The Headteacher will make an informed decision on the action to be taken based on the arrangements agreed with the parent.

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## Arrangement 3.5 Non-Prescribed Medicines

- 1 Unless there are exceptional circumstances school staff must not administer non-prescribed medicines to any pupil. The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.
- 2 The only permitted circumstances when a non-prescribed medicine can be administered to a pupil or self administered are:
  - a) where a child suffers from acute pain such as migraines, a letter to support this is provided by a doctor and the parent provides consent using form AM5 or form AM6;
  - b) where a female pupil experiences dysmenorrhoea (period pains) and this is with the consent of the parent using form AM5 or AM6.
- 3 The medicine should either be supplied by the parent(s) or carer(s) or from the supply in school and stored in a safe and secure place.
- 4 A record will be kept stating the medication dosage, time administered, by whom and the reason. Form AM2 is to be used for this purpose.
- 5 Where a non-prescribed medicine is administered to a pupil the parents must be informed in writing that day using the standard letter/proforma – AM7.
- 6 No pupil under the age of 16 will be administered aspirin.

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## Arrangement 3.6 Anaphylaxis

- 1 The Governing Body recognise that pupils who suffer extreme allergic reaction to particular substances require urgent medical treatment.
- 2 Where a child is either admitted to the school with anaphylaxis or diagnosed at a later date with anaphylaxis the Headteacher will implement the following procedure:
  - inform the Authority;
  - inform all staff;
  - request volunteers to administer the prescribed medication;
  - implement the protocol and care plan as set out in Annex 1 to this arrangement;
  - ensure all staff administering the prescribed medication receive the appropriate training and legal indemnity as set out on form AM3;
  - ensure that the provision of care can be maintained for the full day;
  - make arrangements to include the child's participation on school visits and journeys.

**PROTOCOL AND CARE PLAN ON THE MANAGEMENT OF A CHILD  
WHO SUFFERS FROM A SEVERE ALLERGIC REACTION**

**1 BACKGROUND**

- 1.1 It is known that \* may suffer an anaphylactic reaction if he/she eats or comes into contact with

If this occurs he/she is likely to need medical attention and, in an extreme situation, his/her condition may be life threatening. However, medical advice is that attention to his/her diet, and in particular the exclusion of nuts, together with the availability of his/her emergency medication, is all that is necessary. In all other respects, it is recommended that his/her education should carry on as normal.

- 1.2 The arrangements set out below are intended to assist \*s parents and the school in achieving the least possible disruption to his/her education, but also to make appropriate provision for his/her medical requirements.

**2 DETAILS**

- 2.1 The Headteacher will arrange for his/her teacher and other staff in school to be briefed about \*\*s condition and about other arrangements contained in this document.
- 2.2 The school staff will take all reasonable steps to ensure that \* does not eat any food items unless they have been prepared/approved by the parents.
- 2.3 \*Parents will remind him/her regularly of the need to refuse any food items, which might be offered to him/her by other pupils.
- 2.4 In particular, \* parents have the opportunity to provide for her:
- 2.5 If there are any proposals which mean that \* may leave the school site, prior discussions will be held between school and \*\*s parents in order to agree appropriate provision and safe handling of his/her medication on the day.
- 2.6 Wherever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and parents to agree measures and suitable alternatives.
- 2.7 The school will hold, under secure conditions, appropriate medication clearly marked for use by designated school staff or qualified personnel and showing an expiry date.

All used/expired medication must be replaced by \*\*s parents prior to commencement of the next attending school day.

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### 3 ALLERGY REACTION

#### 3.1 In the event of \* showing symptoms of anaphylaxis, which are:

as described by his/her mother, then the following steps should be taken;

**ALERT ANOTHER** staff member, who will summon an ambulance using 999 and stating “**CHILD EXPERIENCING SEVERE ANAPHYLACTIC REACTION**”. Then a trained staff member will collect the EPIPEN from storage then return to administer the EPIPEN AUTO INJECTOR into \*’s thigh, in accordance with medical instructions received in the training session.

It is the responsibility of the Parents/Carers to ensure school has been provided with an Epipen that has not expired.

PARENTS TO BE INFORMED ON TEL NO:

THEN

The teacher, upon recognising the symptoms of anaphylaxis (nausea, swelling, rash etc) will administer

Symptoms usually subside within one hour following the administration of Piriton and \* should be closely observed during this time.

The syrup may make \* sleepy.

Following recovery, \*’s parents should be informed of what occurred.

**IF** symptoms do not subside, or increase in severity and he/she becomes wheezy, dizzy, has difficulty breathing, drowsy, collapses or becomes unconscious:

**THEN** place \* in the recovery position, stay with him/her and do not leave him/her alone at any time.

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## DETAILS OF THE MEDICAL PROCEDURE FOR USING THE EPIPEN INJECTOR

PULL OFF SAFETY CAP.

PLACE THE TIP ON THE MID OUTER ASPECT OF \*S THIGH (ALWAYS THE THIGH) AT A RIGHT ANGLE.

PRESS HARD TO THIGH, HOLD IN PLACE FOR A COUNT OF 10.

REMOVE EPIPEN AND PLACE IN SHARPS BIN FOR AMBULANCE STAFF.

MASSAGE INJECTION SITE FOR 10 SECONDS.

IF NO IMPROVEMENT IN CONDITION AFTER 5 MINUTES AND NO MEDICAL ASSISTANCE HAS ARRIVED 2<sup>ND</sup> EPIPEN TO BE ADMINISTERED.

Care should be taken to avoid accidental injury to the administering person. If this occurs, they should go to the nearest Accident & Emergency Department immediately for treatment.

- 3.2 The administration of EPIPEN is safe for \*, and even if it is given through mis-diagnosis, it will do him/her no harm.
- 3.3 On the arrival of qualified ambulance service, the teacher in charge will appraise them of the medication given to \*.
- 3.4 After the incident a debriefing session will take place, with all members of staff involved. School can contact the School Health Service for advice and support.
- 3.5 Parents will ensure replacement of any used medication prior to the commencement of the next school day.

## 4 TRANSFER OF MEDICAL SKILLS

- 4.1 Volunteers from school staff;

have undertaken training to administer emergency medication.

Name of qualified person giving training:

- 4.2 A training session was attended on \_\_\_\_\_ by members of school staff named (4.1) \_\_\_\_\_, it explained in detail \*'s condition, the symptoms of anaphylactic reaction and the procedures for the administration of medication.
- 4.3 Further advice is available to the school staff/volunteers at any point in the future where they feel the need for further assistance. The medical training will be repeated at the beginning of the academic year by the school health advisor \_\_\_\_\_, who can be contacted on 777893 Ext \_\_\_\_\_

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**5 The Care Plan has been agreed and understood:**

Name:

Signature:

Date:

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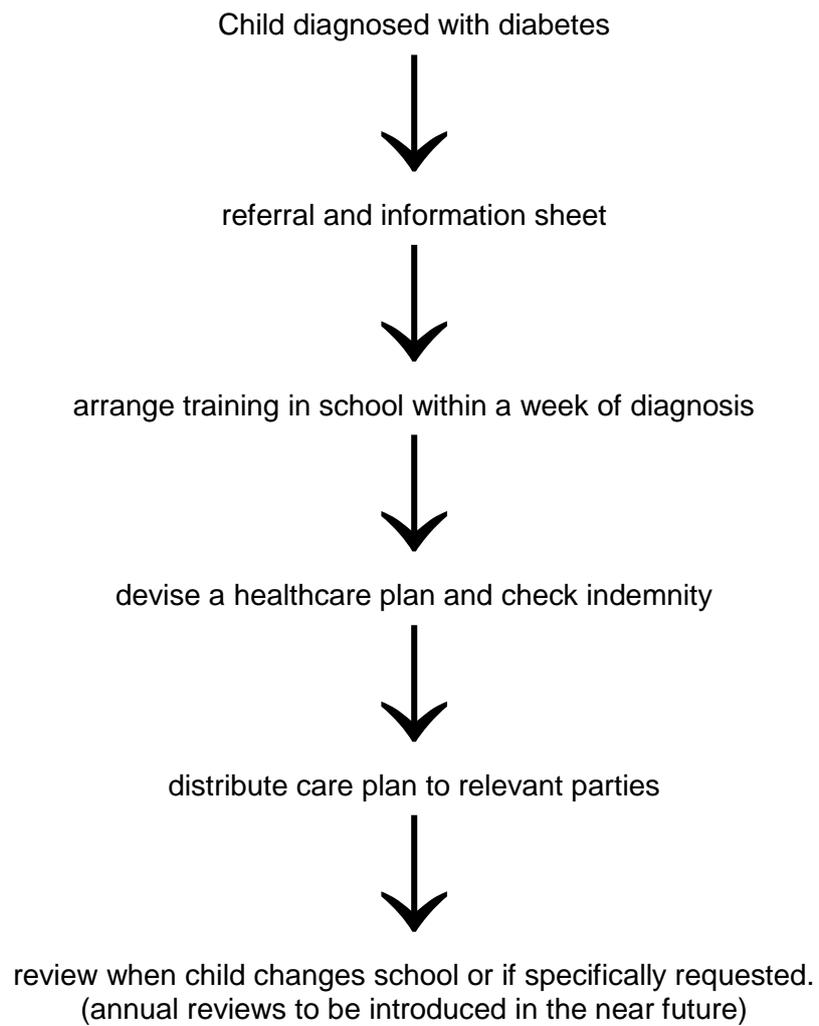
## Arrangement 3.7 Diabetes

- 1 The Governing Body recognise that pupils who suffer from diabetes normally need to have daily insulin injections to control their blood glucose level and they need to eat regularly.
- 2 They appreciate that children and young people with diabetes may require different insulin regimes from taking insulin twice daily to what is becoming a more regular insulin regime of up to four injections each day. This may involve having insulin injections at lunchtime and in these instances it will be documented in the child's individual health care plan.
- 3 It is understood that the aim of children taking insulin during the school day is to give them a more flexible insulin regime to suit their individual life style.  

The governing body recognise that it is unlikely that children under the age of eleven will require insulin injections whilst at school.
- 4 School staff will not be expected to administer insulin in any circumstances however there may be occasions where a child may require assistance with blood glucose monitoring.
- 5 Where a child is either admitted to the school who suffers from diabetes or is diagnosed with diabetes at a later date the Headteacher will implement the following procedure:
  - inform the Authority;
  - inform all staff;
  - request volunteers to assist with the administration of blood glucose testing;
  - make arrangements for storage and safe keeping of insulin and a suitable place for children to administer insulin e.g. medical room;
  - implement the protocol/Health Care Plan which has been agreed by the Headteacher, school staff and relevant health professionals, including emergency procedures;
  - ensure staff follow the guidelines for Blood Glucose Monitoring as set out in Annex 2 to this arrangement;
  - ensure all staff administering or assisting in the administration of insulin injections and blood glucose monitoring receive appropriate training and legal indemnity as set out on form AM3;
  - ensure that the provision of care can be maintained for the full day;
  - take reasonable steps in accommodating the individual dietary requirements of a child suffering from diabetes in accordance with the Health Care Plan;
  - make arrangements to include the child's participation in PE, and school visits and journeys.

A care pathway for children with Diabetes can be found at Annex 1 to this arrangement.

CARE PATHWAY FOR SCHOOL CHILD WITH DIABETES.



**GUIDELINES FOR BLOOD GLUCOSE  
MONITORING IN SCHOOLS**

Training will be given to the relevant teachers/CSA's/TA's by the paediatric diabetes specialist nurse. All equipment to be labelled with the child's name and stored safely when not in use.

- 1 The procedure should be carried out in a designated area eg medical room. Prepare area – Paper towels / disposable gloves / Cotton wool / Blood glucose meter / Test strips / Disposable bags / Finger pricking device and lancet.
- 2 Child / young person to wash their hands using warm soapy water.
- 3 Person carrying out / assisting the child should wash and dry their hands and wear disposable gloves.
- 4 Finger pricking to be carried out as previously agreed in the care plan.
- 5 Blood to be placed on test strip, then to be monitored according to the individual machine.
- 6 Cotton wool to be placed on finger until bleeding ceases.
- 7 Lancet to be placed in sharps bin
- 8 Result to be recorded in accordance with the care plan.
- 9 All disposable materials to be disposed of in accordance with the yellow bag system.
- 10 Dispose of gloves in yellow bag and wash and dry hands thoroughly.
- 11 It is recommended that each child is to take their blood glucose monitoring kit home each weekend for cleaning.

**Any blood spillages are to be dealt with according to LA guidelines**

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## Arrangement 3.8 Epilepsy

### 3.8a Epilepsy

- 1 The Governing Body recognise that pupils who suffer from epilepsy may require urgent medical treatment.
- 2 Where a child is due to be admitted to the school who suffers from epilepsy or who is diagnosed with epilepsy at a later date the parent(s) or carer(s) and the Authority will be notified in writing that the school staff will not administer the emergency medical procedure (Rectal Diazepam or Buccal Midozalam) which is carried out to treat children who suffer from a prolonged seizure.
- 3 The Headteacher will ensure that there is an agreed protocol/Health Care Plan in place at school for any child who suffers from epilepsy and make arrangements for the epilepsy specialist nurse to deliver an awareness session to school staff on epilepsy.
- 4 If the situation arises where a child experiences a major seizure the school will:
  - a) call for an ambulance;
  - b) immediately contact the parent(s) or carer(s)

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## **Section 4      Authority Proformas**

- AM1      Parental Request/consent for administration of a prescribed medicine (eg routine, regular, short term or long term)
- AM2      School record of prescribed/non prescribed medicine
- AM3      Parental request/consent for the administering of a medical procedure/ emergency medical procedure
- AM4      Parental request/consent for a child to self administer a prescribed medicine
- AM5      Parental request/consent for the administration of non prescription medicines
- AM6      Parental request/consent for the self administration of non prescription medicines
- AM7      Notification to parents(s) or carer(s) of administration / self administration of a non prescription medicine.

**English Martyrs Catholic Primary School**

This form is to be used for parental requests to schools for the administration of a prescribed medicine.

**SECTION 1**

SCHOOL English Martyrs Catholic Primary School  
.....  
DATE OF REQUEST .....

**SECTION 2**

PUPILS NAME .....

YEAR GROUP .....

ADDRESS .....

.....

TELEPHONE NUMBER .....

DAY TIME EMERGENCY  
CONTACT NUMBER .....

PARENT(S) OR  
CARER(S) NAME .....

**SECTION 3**

NAME OF MEDICATION .....

CONDITION OR ILLNESS .....

EG EAR INFECTION

ISSUING PHARMACY .....

DATE PRESCRIBED .....

DETAILS OF DOSAGE .....

DATE COURSE OF  
MEDICATION FINISHES .....

**SECTION 4**

Name of GP

.....  
.....

Address

.....

Telephone No

.....

**SECTION 5**

Arrangements agreed with the parent(s) or carer(s) if child refuses to take medication.

.....  
.....

**SECTION 6 DECLARATION BY THE PARENT/LEGAL GUARDIAN OF**

I consent to my child being administered the prescribed medicine as detailed in Section 3 in accordance with the dosage at the following time(s)

- (i) between 8.45am and 12.00pm at .....
- (ii) between 12.00pm and 3.15pm at .....

I understand that the LEA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of being administered the prescribed medication at my request. I understand and acknowledge that I must be responsible for collecting the medicine at the end of the school day and that it will **not** be given to the pupil.

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

Relationship to child: \_\_\_\_\_

**COLLECTION OF MEDICATION:**

I acknowledge that I have had the medication returned to me.

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

**SECTION 7**

**APPROVAL FOR REQUEST YES/NO**

\_\_\_\_\_ **HEADTEACHER**

\_\_\_\_\_ **DATE**

English Martyrs Catholic Primary School

**RECORD OF PRESCRIBED AND NON PRESCRIBED MEDICINES  
ADMINISTERED TO CHILDREN OR SELF ADMINISTERED**

DATE	PUPIL	TIME	MEDICINE & DOSAGE	CONDITION OR ILLNESS	ADMINISTERED BY

**English Martyrs Catholic Primary School**

This form is to be used for parental requests for school staff to administer a medical procedure / emergency medical procedure. Training will be provided in the relevant procedure(s) by the appropriate health professional(s).

SECTION 1

School: \_\_\_\_\_

Date of awareness session: \_\_\_\_\_

Nature of medical procedure to be \_\_\_\_\_

Undertaken: \_\_\_\_\_

SECTION 2

Pupils Name: \_\_\_\_\_

Year Group: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Day time emergency contact number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

SECTION 3

Name of GP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

**SECTION 4**

Training will be provided with the agreement of parent / carer/ responsible medical professional / Headteacher / and Local Authority, on the understanding that:

- i) Staff undergo training on a voluntary basis.
- ii) Staff are employees of the Local Authority or Governing Bodies.
- iii) Staff agree to regular review and update their skills under instruction from a trainer approved by the responsible medical professionals.

Date training undertaken: \_\_\_\_\_

Training provided by \_\_\_\_\_ And approved by \_\_\_\_\_

Name of Nominated Staff	Signature
1	_____ I have understood the training that has been provided and feel competent in carrying out the task.
2	_____ I have understood the training that has been provided and feel competent in carrying out the task.
3	_____ I have understood the training that has been provided and feel competent in carrying out the task.
4	_____ I have understood the training that has been provided and feel competent in carrying out the task.
5	_____ I have understood the training that has been provided and feel competent in carrying out the task.

Name of Nominated Staff	Signature
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6	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
7	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
8	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
9	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
10	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
11	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
12	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>

Name of Nominated Staff	Signature
13	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
14	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
15	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
16	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
17	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
18	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
19	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>

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DECLARATION BY SUPERVISING DOCTOR/NURSE

I declare that the above named individuals of English Martyrs Catholic Primary School have attended an awareness session under my supervision. They have been made aware of the medical condition and procedure and have been given the appropriate training and level of understanding to administer medical procedures as detailed in the Care Plan and Teaching Pack where appropriate.

Name: \_\_\_\_\_ Status: \_\_\_\_\_

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

SECTION 5

DECLARATION BY THE PARENT/LEGAL GUARDIAN OF

\_\_\_\_\_

I consent to my child receiving the medical procedure detailed in the Care Plan by individuals identified in Section 4. I will notify the school immediately of any change in circumstances/regime.

I fully understand that unless the administering member(s) of staff negligently fail to administer the medical procedure in compliance with the approved training/instruction he/she has received, or any subsequent training/instruction he/she has received, the LEA, Governing Body of the School and the staff cannot accept any responsibility for any adverse reaction or medical complication my child might suffer as a consequence of receiving this medical procedure, which I have requested them to undertake on my behalf.

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

Relationship to child: \_\_\_\_\_

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

SECTION 6

I confirm the Chairperson of the Governing Body will be informed of the above details.

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

(Headteacher)

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

**English Martyrs Catholic Primary School**

This form is to be used for parental requests for a pupil to **self administer** a **prescribed** medicine

**SECTION 1**

SCHOOL

**English Martyrs Catholic Primary School**

DATE OF REQUEST

**SECTION 2**

PUPILS NAME

YEAR GROUP

ADDRESS

TELEPHONE NO

DAY TIME EMERGENCY  
CONTACT NO

PARENT(S)/CARER(S)  
NAME

**SECTION 3**

NAME OF MEDICATION  
CONDITION OR ILLNESS  
EG MIGRAINE

ISSUING PHARMACY

DATE PRESCRIBED

DETAILS OF DOSAGE

DATE COURSE OF  
MEDICATION FINISHES

**SECTION 4**

NAME OF GP

.....

ADDRESS

.....

.....

TELEPHONE NO

.....

**SECTION 5                      DECLARATION BY THE PARENT/LEGAL GUARDIAN OF**

I consent to my child self administering the prescribed medicine as detailed in section 3 in accordance with the dosage at the following time(s):

i) between 8.45 am and 12.00 pm at .....

ii) between 12.00 pm and 3.15 pm at .....

I understand that the LEA, Governing Body of the School and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of self administering the prescribed medicine at my request. I understand and acknowledge that I must collect the medicine at the end of the school day and that it will **not** be given to the pupil.

Signed .....

Relationship to child .....

Date .....

**COLLECTION OF MEDICATION:**

I acknowledge that I have had the medication returned to me.

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

**SECTION 6**

APPROVAL FOR REQUEST

**YES/NO**

..... Headteacher

..... Date

**English Martyrs Catholic Primary School**

This form is to be used for parental requests to schools for the administration of a **non-prescription** medicine.

**SECTION 1**

SCHOOL .....

DATE OF REQUEST .....

**SECTION 2**

PUPILS NAME .....

YEAR GROUP .....

ADDRESS .....

TELEPHONE NUMBER .....

DAY TIME EMERGENCY  
CONTACT NUMBER .....

PARENT(S) OR  
CARER(S) NAME .....

**SECTION 3**

NAME OF MEDICATION .....

CONDITION OR ILLNESS  
EG MIGRAINE .....

DETAILS OF DOSAGE .....

**SECTION 4**

Name of GP .....

Address .....

Telephone No .....

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**SECTION 5 DECLARATION BY THE PARENT/LEGAL GUARDIAN OF**

I consent to my child being administered the non-prescription medicine as detailed in Section 3 in accordance with the dosage as and when required.

I understand that the LA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of administering the non prescription medicine at my request. I understand and acknowledge that I must collect the medicine at the end of the day and that it will **not** be given to the pupil.

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

Relationship to child: \_\_\_\_\_

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

**COLLECTION OF MEDICATION:**

I acknowledge that I have had the medication returned to me.

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

**SECTION 6**

**APPROVAL FOR REQUEST YES/NO**

\_\_\_\_\_ **HEADTEACHER**

\_\_\_\_\_ **DATE**

**English Martyrs Catholic Primary School**

This form is to be used for parental requests to schools for the **self administration** of a **non-prescription** medicine.

**SECTION 1**

SCHOOL .....

DATE OF REQUEST .....

**SECTION 2**

PUPILS NAME .....

YEAR GROUP .....

ADDRESS .....

.....

.....

.....

TELEPHONE NUMBER .....

DAY TIME EMERGENCY .....

CONTACT NUMBER .....

PARENT(S) OR .....

CARER(S) NAME .....

**SECTION 3**

NAME OF MEDICATION .....

CONDITION OR ILLNESS .....

EG MIGRAINE

DETAILS OF DOSAGE .....

**SECTION 4**

Name of GP

.....  
.....  
.....

Address

.....  
.....

Telephone No

.....

**SECTION 5 DECLARATION BY THE PARENT/LEGAL GUARDIAN OF**

I consent to my child self administering the non-prescription medicine as detailed in Section 3 in accordance with the dosage as and when required.

I understand that the LA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of be administering the non prescription medicine at my request. I understand and acknowledge that I am responsible for the collection of medication at the end of the school day and that it will **not** be given to the pupil.

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

Relationship to child: \_\_\_\_\_

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

**COLLECTION OF MEDICATION:**

I acknowledge that I have had the medication returned to me.

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

**SECTION 6**

**APPROVAL FOR REQUEST YES/NO**

\_\_\_\_\_ **HEADTEACHER**

\_\_\_\_\_ **DATE**

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**English Martyrs Catholic Primary School**

**DATE:**

**AM7**

Dear Parent (s)/Carer(s)

**NOTIFICATION OF ADMINISTRATION/SELF ADMINISTRATION OF NON  
PRESCRIPTION MEDICINE**

I would inform you that your child: \_\_\_\_\_

has received medication as detailed below, in accordance with your request that was agreed with the school.

Name of Medication: \_\_\_\_\_

Details of Dosage: \_\_\_\_\_

Date and time(s) medication administered: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Name of person administering/supervising self-administration of medicine:

\_\_\_\_\_

Yours sincerely

**Mrs C M Flood  
The Headteacher**

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**English Martyrs Catholic Primary**  
**School**

***Supporting Pupils With A Medical  
Need Policy***

Signed on behalf of the Governing Body

.....

Date .....

Signed by the Headteacher

.....

Date .....