

## **Medical Needs and Medicines Policy**

**Journey Education Group** 

September 2025



#### **CONTENTS**

1	St	atement of Intent	2
2		troduction	
3 Arrangem		rangements for Implementation of Policy	2
	3.1	Principal	2
	3.2	Parents	3
	3.3	Students	3
	3.4	Centre Staff	3
	3.5	Medical Lead	
	3.6	School Nurses	3
	3.7	Healthcare Professionals	3
4	Indiv	idual Health Care Plans (IHCPs)	4
5	Supp	orting Students with Medical Conditions on Educational Visits	5
6	Staff	Training	6
7	Mana	aging Medicines on Centre Premises	6
	7.1	Storage and Access	6
	7.2	Administration of Medication	6
	7.3	Stock Medication	7
	7.4	Short term, non-prescribed or over the counter medication	7
	7.5	Controlled Medication	7
	7.6	Complimentary Medication	8
	7.7	Emergency Salbutamol Inhalers	8
8	Reco	rds	9
9	Unac	ceptable Practice	
10	Cent	re Insurance Arrangements	9
11	Com	plaints	9

Appendix 1: Useful Contacts

Appendix 2: Form 1 - Medical Information Form

Appendix 3: Form 2 - Contacting Emergency Services: Request for an ambulance

Appendix 4: Form 3 - Model process for developing Individual Health Care Plans

(IHCP) Appendix 5: Form 4 - Individual Health Care Plans (IHCP)

Appendix 6: Form 5 - Parental Agreement for Centre to administer medication

Appendix 7: Form 6 - Record of regular medicine administered to an individual

student Appendix 8: Form 7 - Instructions for administration of medication during

seizures Appendix 9: Form 8 - Epileptic Seizure Chart

Appendices are available for download in Word format on the Health & Safety Sharepoint s



#### 1 Statement of Intent

The Centre believes that ensuring the health and welfare of staff, students and visitors is essential to the success of Centre:

#### We are committed to:

- Ensuring that students with medical needs are properly supported so that they have full access to education, including Centre trips and physical education.
- Ensuring that no student is excluded unreasonably from any Centre activity because of his/her medical needs.
- Ensuring the needs of the individual are considered.
- Providing specialist training for staff.
- Ensuring students and parents are confident in the Centre's ability to provide effective support to their child.
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually.

#### We will:

- Ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans (IHCPs), including in contingency and emergency situations.
- Ensure that every Centre and Free School is appropriately insured and that staff are aware that they are insured to provide first aid and other medical support to students.

#### 2 Introduction

Supporting students with medical needs is not the sole responsibility of one person. The Centres ability to effectively support students with medical needs will require the schools to work collectively with other agencies, the parents and students. Centre are encouraged to seek additional advice and information from a wider range of people, if considered appropriate.

Students and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding, a students' health should not be put at risk from for e.g. an infectious disease.

All schools should ensure that medical information is collected from all new students entering the Centre, so the school can assist with the appropriate management of any medical condition or administration of medication.

#### 3 Arrangements for Implementation of Policy

#### 3.1 Principal

Principals are responsible for ensuring that:

- all staff are aware of the policy for supporting students with medical needs;
- there are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the Centre;



• a member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the Centre, and to support staff who are implementing a student's Individual Health Care Plan

#### 3.2 Parents

To assist the Centre in its fulfilment of the policy, parents are required to:

- provide the Centre with sufficient information about their child's medical needs including updates;
- be involved in the development and drafting of Individual Health Care Plans;
- provide the required medication and equipment, including spares where appropriate;
- ensure that they, or another nominated adult are contactable at all times

#### 3.3 Students

To assist the Centre in its fulfilment of the policy, students are encouraged to:

- be fully involved in discussions about their condition and how it affects them
- contribute as much as possible to the development of their Individual Health Care Plan

#### 3.4 Centre Staff

Any member of Centre staff may be required to provide support to students with medical conditions. Staff are therefore required to:

- take into account the needs of students with medical conditions
- know what to do and who to speak to if someone becomes unwell or needs assistance
- if required, and having received the appropriate training, administer medication or support to students
- attend training sessions as required to support students with medical needs
- be aware at all times of the students in their care who have known medical conditions

#### 3.5 Medical Lead

The Centre appointed Medical Leads (SENCO - Lisa/ AP Manager - Tom and Business Manager Kate) is responsible for:

- monitoring medical and Individual Health Care Plans for students with medical conditions
- assessing the training needs of staff;
- ensuring that suitable and sufficient training is provided to enable staff to administer medication and support where required;
- arranging whole- Centre awareness training on supporting students with medical conditions as required;
- ensure the continued professional development of staff to enable them to fully support students

#### 3.6 School Nurses

Every Centre has access to school nurses, who are responsible for notifying the Centre when a child has been identified as having a medical condition and who requires support. Nurses do not normally have an extensive role in schools, school nurses can however assist with the following:

- advice on the appropriate support required
- provide support and liaison with outside agencies

#### 3.7 Healthcare Professionals

Health Care professionals are responsible for notifying the Centre when a child has been diagnosed with a condition that requires support in school. Specialist local Health Care teams may be able to provide support with students who are diagnosed with conditions such as Diabetes, Epilepsy etc.

Further advice on the roles of Local Authorities, Clinical Commissioning Groups, Providers of Health Services and Ofsted can be found on the following link:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-



#### 4 Individual Health Care Plans (IHCPs)

IHCPs provide clarity to the Centre on what needs to be done for students with medical conditions and by whom. IHCPs are prepared to help identify the necessary measures to support pupils with medical needs and ensure that they are not put at risk. IHCPs are often issued in cases where emergency intervention is required, or for medical conditions that require daily management, are complex and long- term, or for medical conditions which fluctuate. Not all children require an IHCP, it is for the parents, the students (where able), school and Health Care Professionals to decide if an IHCP is necessary. Students with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an IHCP should be written to support that student. (See Form 3 - Model Process for developing IHCPs).

Some students have medical conditions that, if not properly managed, could limit their access to education.

Conditions include but are not limited to:

- Epilepsy
- Asthma
- Severe allergies, which may result in anaphylactic shock
- Diabetes

Most students with special medical needs are able to attend their Centre regularly. Centre will provide support to enable them to take part in all activities, unless evidence from a Clinician/GP states this is not possible.

Each Centre will consider what reasonable adjustments it might make to enable students with special medical needs to participate fully and safely on Centre visits. A risk assessment for each trip will take into account any additional steps needed to ensure that students with special medical conditions are fully included.

Centre will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of Centre life; however, Centre staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

The Medical Lead should ensure procedures are in place to manage transition from one school to another or on reintegration. Arrangements for support should be in place before the student starts. For students newly diagnosed with a medical condition, every effort should be made to ensure that arrangements are in place within two weeks. Finalisation and implementation of the IHCP rests with the school.

The Centre should ensure that when completing Individual Health Care Plans the following information is recorded:

- 1. The medical condition
- 2. Triggers, signs and symptoms
- 3. Allergies
- 4. Treatment required
- 5. Emergency arrangements
  - a) Who to contact
  - b) Contingency arrangements



- c) Personal Emergency Evacuation Plan (PEEP) required?
- 6. Resulting needs of the student
  - a) Medication (dosage, effects and storage, use of emergency inhaler?)
  - b) Other treatments
  - c) Is time required for a student to recover/recoup?
  - d) Are additional facilities required
  - e) Is any additional equipment needed
  - f) Access to food/drink where this is used to manage their condition
  - g) Use of toileting facilities
  - h) Dietary requirements
  - i) Environmental (mobility/crowded areas/corridors)
- 7. Provision of support (by whom?)
  - a) Their training needs
  - b) Expectations of their role
  - c) Confirmation of proficiency by a healthcare professional
  - d) Cover if they are sick or absent
- 8. Who in the school needs to be aware of their condition
- 9. Arrangements and permission from parents for administration of medication
- 10. Arrangements for school trips/ out of school activities
- 11. Confidentiality issues designated individuals to be entrusted with information

All IHCPs should be reviewed **annually** or sooner if there are any changes, and should be readily available to staff for quick reference, whilst preserving confidentiality.

The Centre must ensure they have robust procedures in place to ensure that all staff, where required, have access to and are aware of the medical conditions, treatment and presenting symptoms of students in their care with medical conditions.

#### 5 Supporting Students with Medical Conditions on Educational Visits

Students with medical needs should not be excluded from educational visits of any type, unless evidence from a Clinician states participation is not possible.

Teachers organising and leading on school trips must be aware how a student's medical condition might impact their participation. The trip leader must consider what reasonable adjustments can be made to enable the student to participate fully and safely.

Students with medical needs should be included on the educational visit risk assessment, and where it is considered appropriate, a separate risk assessment should be written to document specific arrangements, hazards, risks and the controls implemented.

Centres are required to carry spares of emergency medication on all school trips. This is especially important on residential school visits.



#### 6 Staff Training

The type and training required to support students with specific medical needs will usually be determined during the development of the IHCP. In cases where care plans are already in place and additional training is required, the Medical Lead will be responsible for arranging the necessary training. A First aid certificate does not constitute appropriate training in supporting students with medical needs. Staff supporting students with medical needs must be appropriately trained and have confidence in their own ability.

#### 7 Managing Medicines on Centre Premises

#### 7.1 Storage and Access

Each Centre must designate a safe, lockable place to store students' medication and allocate a member of staff to control access. Where medication is stored, this should be manned at all times.

Students should be aware of the location of their medication at all times, and where necessary be able to access their medication immediately.

Medication and devices such as asthma inhalers, blood glucose metres and adrenaline auto-injectors should always be readily available and **not locked away**. If students with asthma, or students at risk of anaphylaxis, are able to manage their condition, they should be encouraged to carry their inhalers and auto-injectors. Spares of emergency medication should be readily available for use in case of loss or failure of the required device. Further information about emergency asthma pumps can be found in section 7.7. Please refer to the Allergy Aware policy for information on anaphylaxis and the use of auto-injectors.

Medication out of date or no longer required should be returned to the parents for safe disposal. Parents should be advised that medication not collected within 1 month will be disposed of by the Centre.

Medication not collected thereafter will be returned to the Centre's local pharmacy for safe controlled disposal. Sharps boxes should be used for disposal of needles and other sharps. Medication should not be disposed of in the general rubbish.

#### 7.2 Administration of Medication

Medication should only be administered at school when it would be detrimental to a student's health or Centres attendance not to do so.

Prescribed or non-prescribed/OTC medicine should never be given to a child under 16 without the consent of their parents (see Form 4). Only in exceptional circumstances for e.g. where the medicine has been prescribed to the child without the knowledge of the parents (for e.g. contraceptive pill). In cases such as this, every effort should be made to encourage the child or young person to involve their parents, whilst respecting their right to confidentiality.

Where possible and considered appropriate to do so, students should be allowed to carry their own medicines and relevant devices for self-medication. Students who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them.

If a child refuses to take medication, staff should not force them to do so, but refer to the Individual Health Care Plan if they have one and contact the parents/carers so alternative options can be agreed. Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor.



Children under 12 should not be given Ibuprofen unless prescribed by a doctor.

Medication should only be accepted into the Centre if:

- Medication is in date
- In its original container/box/bottle as dispensed by the pharmacist
- Named
- Includes instructions for administration, dosage and storage
- You have consent (Form 4)

The exception to this is Insulin, which must still be in date, although unlikely to be in its original container, but contained within an insulin pen or pump.

#### 7.3 Stock Medication

Centres are not permitted to hold stock medication (medication purchased and held by the Centre, such as paracetamol, ibuprofen and antihistamines) for dispensing to students as required. Under no circumstances must staff administer or give students pain relief unless the medication has been provided and consent has been received by the parents. The only exception to this is where an Centre employ staff such as a nurse practitioner who are licenced to dispense medication without prescription or permission from a parent.

#### 7.4 Short term, non-prescribed or over the counter medication

Where medication or treatment is not part of a long term medical condition, but is only required for a finite period, for example the completion of a course of antibiotics, or for pain relief, the student's parents/carers will be required to sign a Parental Consent for the administration of medication (Form 5).

Non-prescription/ over the counter medication does not need a GP signature/ authorisation in order for it to be administered. To enable access to those medications without a prescription the MHRA¹ classify medication as over the counter (OTC), based on its safety profile. Non-prescription and OTC medication can be administered, as long as parental consent has been received.

Non-prescription medication for e.g. pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.

Staff should be trained to administer both prescription and non–prescription medication. A written record should be kept every time medication is administered and the parents must be notified as soon as practicable - ideally the same day the medication has been taken. Should those administering medication be concerned about the amount of medication being requested, or are aware of any other risk factors, the Centre senior leadership should be notified as well as the parents.

#### 7.5 Controlled Medication

Students prescribed with a controlled drug may legally have it in their possession if they are considered competent by the Centre to do so. Passing that medication however, to another student is an offence. It is therefore Journey Education Group's Policy that all controlled medication is secured on site in a secure non-portable container, with named staff given access. When administering controlled medication in school or on school trips, two staff must be in attendance. One member of staff to administer, the other countersigning and confirming what medication has been given, when and by whom. Controlled Medication on school trips should be held securely by the Lead First Aider.



Staff may administer a controlled drug to the child for whom it is prescribed. All controlled medication should be administered by staff in accordance with prescribed instructions. Records should be kept of any doses used and the amount of drug held. Schools are encouraged to count-in and count-out controlled medication. This list should be updated each time medication is taken or administered. (See Form 6: Record of regular medicine administered to an individual student). Parents should be notified when a controlled drug has been administered (Form 10)

#### 7.6 Complimentary Medication

Due to their active ingredients, complimentary medicines cannot be administered by staff unless they are trained to do so.

#### 7.7 Emergency Salbutamol Inhalers

Emergency Salbutamol inhalers should only be used by children diagnosed with Asthma, been prescribed an inhaler, and parental consent has been received. The emergency inhaler is for use when the students own prescribed inhaler is not available, or not working

Emergency inhaler kits should include as a minimum:

- A Salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and the spacer/chamber
- Instructions on cleaning and storing the inhaler
- Manufacturers information
- A checklist record of inhalers batch numbers and expiry date
- Arrangements for replacing the inhaler
- List of children permitted to use the inhaler
- Record of Salbutamol administered

Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order, always ready for use and accessible.

The Centre must ensure:

- 1. Spacers and inhaler are checked regularly and noted to be present and in working order;
- 2. Replacements inhalers and spacers are obtained when expiry dates of existing inhalers approach;
- 3. They hold a register of students diagnosed with asthma (copies to be held with the emergency inhaler);
- 4. Have written parental consent for use of the emergency inhaler;
- 5. Ensure staff are aware that only students where consent have been received can use the emergency inhaler;
- 6. The Centre have appropriate support and training for staff in the use of the emergency inhaler;
- 7. Staff keep a record of the use of the emergency inhaler;
- 8. Parents are notified when the inhaler is used;
- 9. Two staff are responsible for ensuring the above is followed

To minimize cross-infection, spacers should only be used once, whereas the inhaler, if cleaned can be re-used. Inhalers that may come into contact with blood should not be re-used, but disposed of.

Further guidance on emergency inhalers can be found here: <a href="https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-scho">https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-scho</a> ols



#### 8 Records

#### 8.1 Record Keeping

The Centre must keep a record of <u>all</u> medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with the parents/carers. (Form 10).

#### 8.2 Retention times

Student medical records should be retained for 25 years for the date of birth of the child. Further information on records retention can be found in the records retention policy.

#### 8.3 Displaying Medical Information

In order to improve the physical security of site data further it is recommended that any students' medical information, which needs to be displayed, is done so more discreetly e.g. student allergies in the staff room. The need to protect vital interests obviously trumps data protection, but care should be taken to ensure such information is not so obvious to unauthorised individuals e.g. cleaners or visitors to the Centre.

#### 9 Unacceptable Practice

All Centre staff should use their discretion and judge each case on its merits. It is generally not acceptable to:

- Prevent a student from accessing their medication as required
- Treat each child with the same conditions in the same way
- Ignore the views of a child or their parents, or medical opinion
- Send children home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch
- If a child is ill, send them to the medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance if absence is related to their medical condition
- Prevent students from eating and drinking or taking toilet breaks whenever they need to, to manage their medical condition
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues. No parent is required to leave or give up work because the Centre is failing to support their child
- Prevent a student from participating, or creating necessary barriers to children in any aspect of school life, including school trips. For example, by requiring parents to attend school trips

#### 10 Centre Insurance Arrangements

The Centre is covered by public liability insurance policies, which will indemnify staff against any claims against them arising from the administration of first aid or medicine in accordance with this policy.

#### 11 Complaints

Should parents/students be dissatisfied with the care and support provided by the Centre, they should contact the Centre in the first instance.



#### **Appendix 1: Useful Contacts**

Allergy UK

Website: <a href="https://www.allergyuk.org/">https://www.allergyuk.org/</a>

The Anaphylaxis Campaign

Website: <a href="https://www.anaphylaxis.org.uk/">https://www.anaphylaxis.org.uk/</a>

Shine

Website: <a href="https://www.shinecharity.org.uk/">https://www.shinecharity.org.uk/</a>

Asthma UK

Website: <a href="https://www.asthma.org.uk/">https://www.asthma.org.uk/</a>

**Council for Disabled Children** 

Website: <a href="https://www.ncb.org.uk/about-us/our-specialist-networks/council-disabled-children">https://www.ncb.org.uk/about-us/our-specialist-networks/council-disabled-children</a>

**Contact a Family** 

Website: <a href="https://www.contact.org.uk/">https://www.contact.org.uk/</a>

**Cystic Fibrosis Trust** 

Website: https://www.cysticfibrosis.org.uk/

Diabetes UK

Website: https://www.diabetes.org.uk/

**Department for Education** 

Website: https://www.gov.uk/government/organisations/department-for-education

**Department of Health and Social Care** 

Website: https://www.gov.uk/government/organisations/department-of-health

**Disability Rights** 

Website: <a href="https://www.gov.uk/rights-disabled-person">https://www.gov.uk/rights-disabled-person</a>

**Epilepsy Action** 

Website: https://www.epilepsy.org.uk/

Health and Safety Executive (HSE)

Website: <a href="http://www.hse.gov.uk/">http://www.hse.gov.uk/</a>

**Health Education Trust** 

Website: <a href="http://healtheducationtrust.org.uk/">http://healtheducationtrust.org.uk/</a>

**Hyperactive Children's Support Group** 

Website: http://www.hacsg.org.uk/



**MENCAP** 

Website: <a href="https://www.mencap.org.uk/">https://www.mencap.org.uk/</a>

**National Eczema Society** 

Website: <a href="http://www.eczema.org/">http://www.eczema.org/</a>

**National Society for Epilepsy** 

Website: <a href="https://www.epilepsysociety.org.uk/">https://www.epilepsysociety.org.uk/</a>

**Psoriasis Association** 

Website: <a href="https://www.psoriasis-association.org.uk/">https://www.psoriasis-association.org.uk/</a>



## **Appendix 2: Form 1 - Medical Information Form**

Please complete and return to the Centre office.

Student in	formation					
Student					DOB:	
Name:						
Address:					Postcode:	
Doctors						
name:						
Surgery r	name address and teleph	one no	.:			
	y contact information					
Parent/ca	arer name:					
	v.c. 1:cc					
	(if different from above)				1	
Tel no.				Mobile no.		
Alternati	ve emergency contact na	ame:				
Tel no.				Mobile no.		
Medical in	formation					
Does yo	our child have a medical	care pla	n? (plea	ase circle) YES/ N	Ю	
	lease provide the name				uired and d	letails of any medicatio
Please	provide a copy of the mo	edical c	are plar	n.		
Please r	provide information on a	nv aller	rgies voi	ur child may suff	er from wh	at treatment is
	d and if any medication i					at treatment is
Allergy:						
Treatme	ent:					
Medica	tion:					



Is your child under the supervision of a hospital, or doctor for any kind of medical condition or treatment?  If yes, please provide details:
Condition: Treatment: Medication:
Please continue overleaf
Please provide any further information you feel necessary (for example, does your child wear glasses, or suffer from travel sickness?).



#### OFFICE USE ONLY

Date
Date
Initials

Parent,	/Carer	comp	let	ing	form
---------	--------	------	-----	-----	------

Signature

D

at

e



## **Appendix 3: Form 2 - Contacting Emergency Services: Request for an ambulance**

Dial 999,	ask for am	bulance and	be ready	with the	following	information:

1.	Your telephone number: (add in Centre number)
2.	Give your location as follows (insert school address)
3.	State that the postcode is: (insert postcode)
4.	Give exact location in the Centre e.g. (Science Lab 3 or Sports Hall)
5.	Give your name
6.	Give name of student and a brief description of student's symptoms
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the scene

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

Once sections 1, 2 and 3 are completed, copies of this form should be placed in the Central office, Student Information Centres and staff rooms.



## **Appendix 4: Form 3 - Model process for developing Individual Health Care Plans (IHCP)**

	Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
_	Û
	Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
	ŢŢ
— <u> </u>	Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)
	Į]
	Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided
	ĮĮ.
	School staff training needs identified
_	Ţ
	Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed
	$\bigcup$
	IHCP implemented and circulated to all relevant staff
,	Ţ
	IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate



## **Appendix 5: Form 4 - Individual Health Care Plans (IHCP)**

Student Info	rmation						
Name of Cen							
Students Nar							
Group/class/				Date of bir	rth		
Students add							
Nominated P	erson completi	ng					
Individual Stu	udent Health Su	pport Pla	n				
Date							
Emergency C	ontact 1						
Contact Nam	е						
Home		Work			Mobile		
phone no.		phone i	no.		phone no	0.	
Emergency C		1					
Contact Nam	e						
Home		Work			Mobile		
Phone no.		phone i	10.		phone no	0.	
Medical Care	Information						
	dition or diagno	sis:					
	o o						
Is a medical care plan required? YES / NO							
Has a medical care plan been provided to the Centre?  YES / NO							
Date of Care plan							
Expiry date of Care Plan							
(To be review	ved at least ann	ually or					
earlier if stud	lents needs chai	nge)					
Do staff requ	ire specialist tra	ining in c	order to s	support this s	tudents'	YES/I	NO
medical need	ds						
If yes, identify staff member and the training provided.							



Clinic /Hospital Contact /GP/ Community Nurse						
Name						
Contact person			Phone number			
Contact email						
Address						
GP Name		Phone Nu	ımber			
Surgery Name &		-				
Address						

## Medication administration/storage arrangements.

Complete this section if students are required to take medication whilst on Centre premises or on an educational visit.

Medication name	Frequency of dose Dosage				
Will the student administer th	eir own medication		Yes/No		
If yes, will the student keep medicine/device with them or will it be kept in the Centre medical room/centre?					
If no, who is the nominated person to administer the medicine?					
Where will the medication be stored?					



## Part 2 - Complete Part 2 only if medical care plan has not been received from clinic or hospital.

Describe medical condition, its triggers signs symptoms and treatment
Daily care requirements (e.g. before sport/at lunchtime) and the person(s) responsible for care (must include deputy staff, in case of absence)
Arrangements that will be made in relation to the child travelling to and from school.  (If the student has a life threatening condition, specific transport health care plans will be carried on vehicles).
Procedures that will be put in place to support the pupil during school trips and activities outside normal Centre timetable (e.g. risk assessments)
Describe what constitutes an emergency for the student, and the action to take if this occurs
Follow up care required, if any:
Who is the responsible person to assist the student in an emergency (state if different for off-site activities)?  Name:
Contact information:
Alternative Contact Name and Contact Information:
Copies of forms supplied to



#### Part 3

Complete for students where additional alternative monitoring /support and intervention is required, in addition to their medical needs, or for any Health and Social Care and Special Educational Needs, exam requirements, absence management.

Identified issues	Support provided	Staff involved	Further action required	Review Date
(Outline current issues and consequences of these issues)	(Outline areas of support being given)	(with support/care)	(outline any additional support required)	

This plan will be reviewed at least annually or earlier if the child's needs change



#### **Appendix 6: Form 5 - Parental agreement for Centre to administer medication**

The Centre will not administer medication unless you complete this form in full and sign.

Medication will only be accepted into the Centre if:

- 1. Dispensed medication
  - is in its original container/box/bottle with a pharmacy label and students name
  - pharmacy label confirms dosage, administration and storage instructions
  - Parental agreement for Centre to administer medicine has been received
- 2. Non dispensed medication
  - It is in its original container/box/bottle and clearly labelled with students name
  - dosage and frequency instructions
  - parental agreement for Centre to administer medicine has been received

#### If more than two medicines are to be given an additional form should be completed.

Name of student		DOB	
Medical condition or illness		l l	
MEDICATION ONE			
Name of medicine (as describe	d on container)		
Date commenced			
Dosage, strength and method of	of administration		
Frequency of dose /time to be	given		
Special precautions			
Side effects (If yes, please give	details)		
MEDICATION TWO			
Name of medicine (as describe	d on container)		
Date commenced			
Dosage, strength and method of	of administration		
Frequency of dose /time to be	given		
Special precautions			
Special precautions			

Procedures to take in an emergency \_\_\_\_\_\_



Parent/Carer Contact Details: Name		
Daytime telephone no.		
Relationship to child		
Address		
I can confirm that my child is taking n	o other medication other than is listed above	
I can confirm that if my child is taking medications do not adversely interac	more than one medication that these t with each other.	
I understand that I must deliver the n	nedicines safely to the Centre.	
to appropriately trained Centre staff	of my knowledge, accurate at the time of writing administering medicine in accordance with the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in dosage or frequency of the there is any change in the the there is any change in the there is any change	policy. I will inform
Parent/Carer signature		
Print Name	Date	



## Appendix 7: Form 6 - Record of regular medicine administered to an individual student

Name o	of student:						D.O.B			
Class/G	iroup/Forn	n						· ·		
Addres	s:									
Name of received	Medication	<b>I</b>	mount ipplied:	Suppli Name	ied by:	Dosage:	Expiry:	Dosage regime	Date Provided	Consent to administer received?
	ed to moni on. Registe					including costudent	ontrolled			
			on Ac		ered to	_	ontrolled  Amount left	Any side effects	Further actio	n required
nedicati	on. Registe	er of medi	on Ac	dministe dminister	ered to	student			Further actio	n required
nedicati	on. Registe	er of medi	on Ac	dministe dminister	ered to	student			Further actio	n required
nedicati	on. Registe	er of medi	on Ac	dministe dminister	ered to	student			Further actio	n required
Date:	on. Registe	Medicatio	on Ac	dministe dminister	ered to	student			Further actio	n required
Date:	Time	Medication Medication Medication	on Ac	dminister aff initial	ered to	student		effects	Further actio	
Date:	Time  Ton returne	Medication Medication Medication	on Ac	dminister aff initial	ered to	Amount given	Amount left	effects		



## **Appendix 8: Form 7 - Instructions for administration of medication during seizures**

Name	
D.O.B.	
Initial medication prescribed:	
Route to be given:	
When to give medication:	
Usual recovery from seizure:	
Action to be taken if initial dose not effe	ctive:
	onsent. Only staff trained to administer seizure medication will uiring treatment in the Centre will be recorded.
This procedure will be reviewed annually	y unless change of recommendations instructed
sooner. This information will not be lock	ed away to ensure quick and easy access should it be
required.	
School/ Centre Name:	



## **Appendix 9: Form 8 - Epileptic Seizure Chart**

Name:	
Medication type and dose:	
Criteria for administration:	

_	1	1	T.,	l
Date	Time	Given by	Observation/evaluation of care	Signed/date/time



## **Appendix 10: Form 9 - Medication given in the Centre (note to Parent/Carer)**

Name of Centre	
Name of student	
Group/class/form	
Medicine given	
Date and time given	
Reason	
C' I I	
Signed by	
Print Name	
Designation _	



## **Appendix 11: Form 10 - Record of Staff Training**

Name	Job Title	Training	Date Undertaken	Date Refresher Required	Date Refresher Undertaken



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