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## **Supporting Children with Medical Conditions (previously called - Managing Medication Policy)**

**REVIEW DATE:**

**September 2024**

*“The Academy believes that inclusive practice is central to developing quality teaching and learning. As such we endeavour to provide a supportive framework that responds to pupils’ needs and overcomes potential barriers for individuals and groups of pupils and to ensure that pupils of all abilities and needs are fully included in the life of the school. The ethos of this statement underpins all Oldbury Academy’s policies.”*

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# Introduction

The purpose of this policy is to give advice to all staff in the situation of a student requiring medication as a matter of routine or in an emergency at the academy.

This policy has been developed using statutory guidance from the Department for Education document “Supporting pupils at school with medical conditions” September 2014.

Medicines will only be accepted into the academy when essential, that is only where it would be detrimental to a student’s health if the medicine were not administered during the academy day. Where possible medicines should be prescribed in dose frequencies which enable them to be taken outside of academy hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after academy hours and at bed time.

Medication should be prescribed by a doctor and always be provided in the original container as dispensed by a pharmacist and include the doctor’s instructions for administration and dosage. In some exceptional circumstances students may need to take non-prescribed medicines for a specific short term condition. Non-prescribed medication will not be kept in the academy unless prior written permission has been obtained from parents/carers

Parents have the prime responsibility for their own child’s health and should provide the academy with information about their child’s medical condition. Parents, and the student if applicable, should obtain details from their child’s practitioner (GP), paediatrician or if needed, other specialist bodies may also be able to provide additional background information for staff.

Many students will at some time have short term medical needs, some student’s however have longer term needs and may require medication on a long term basis to keep them well e.g. well controlled epilepsy. Others may require medicines in particular circumstances, such as student’s with severe allergies who may need an adrenaline injection. Students with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most students with medical needs are able to attend the academy regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that they and others are not put at risk.

## The Aim of the Policy is

- To implement procedures relating to the management of medication in the academy, to ensure that everyone, including parents, are clear about their respective roles
- To put in place effective management systems to help support individual children with medical needs
- To make sure that medication kept in the academy is handled responsibly
- To help ensure that all academy staff are clear about what to do in the event of a medical emergency

# **1. Roles and Responsibilities**

## **1.1 Parents and carers are responsible for:**

- ensuring their child is well enough to attend the academy
- providing the school with sufficient information about their child's medical condition and treatment or special care needed
- reaching agreement on the school's role in helping with their child's medical needs
- completing consent forms detailing their child's medical needs
- updating the academy in writing of any changes in their child's condition or medication
- providing sufficient medication and ensuring that it is correctly labelled
- replacing supplies of medication as needed and disposing of their child's unused medication
- giving written consent where their child is self-administering medication
- keeping their child at home when they are acutely unwell.
- ensuring nominated adults are contactable and notifying the school of any change in contact numbers

## **1.2 The Governing Body are responsible for:**

- ensuring that the academy has a policy in place for supporting pupils in school with medical conditions
- ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- making sure that the academy insurance arrangements provide full cover for staff acting within the scope of their employment
- expecting teachers and other staff to use their best endeavours at all times, particularly in emergencies
- emphasising that in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency
- ensuring that willing staff have appropriate training to support pupils with medical needs
- satisfying themselves that any training has given staff sufficient understanding confidence and expertise

## **1.3 The Headteacher is responsible for:**

- ensuring the school's policy is developed and effectively implemented
- ensuring that designated staff liaise with the appropriate health care professionals
- ensuring that parents' cultural and religious views are always respected
- ensuring that all staff are aware of the school's policy for managing medication
- seeking parents' agreement before passing on information about their child's health to other academy staff and sharing information with parents to ensure the best care for a pupil
- ensuring that all staff receive proper support, advice and specific training where necessary
- ensuring that appropriate procedures are in place and accurate records are maintained for pupils with medical conditions

#### **1.4 Staff who manage pupil's medication are responsible for:**

- taking part in training where required and seeking awareness of possible side effects of the medication and what to do if they occur
- liaising with the NHS school health nurse service and other health care professionals regarding pupil medication as required
- supervising pupils who self-administer medication and recording this information.
- ensuring that medication is received, stored and issued in accordance with the academy policy
- ensuring that the appropriate documentation is completed by parent/carers
- bringing any issue or concern relating to the medication procedures to the attention of the Headteacher

#### **1.5 All school staff are responsible for:**

- understanding the nature of the condition for pupils with medical needs in their class and being aware of when and where the pupil may need extra attention
- being aware of the likelihood of an emergency arising and what action to take if one occurs

#### **1.7 The NHS school health service is responsible for:**

- notifying the school when a child has been identified as having a medical condition that will require support in school
- helping schools/academies to draw up individual health care plans for pupils with medical needs
- supplementing information provided by parents and the child's GP
- advising on training and supporting academy staff, who are willing to administer medication
- giving advice to parents and staff.

#### **1.8 Other health care professionals, including GPs are responsible for:**

- informing the academy about a child's medical condition, where consent has been given by the parent or the child
- providing advice where appropriate on developing healthcare plans
- providing support where possible from specialist teams for specific conditions such as diabetes or epilepsy
- liaising with the School Health Service.

## **2. Managing Medicines Safely**

All medicines maybe harmful to anyone for whom they are not appropriate. It is the responsibility of those managing medication in the academy to ensure that when medicines are administered that the risks to the health of others are properly controlled.

Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so.

## **2.1 Prescribed Medicines**

Medicines will only be accepted into the academy when essential, that is only where it would be detrimental to a student's health if the medicine were not administered during the academy day.

Medicines should never be accepted that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

If medicines are prescribed in dose frequencies which enable them to be taken outside school hours they should not be held in school. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bed time.

## **2.2 Controlled Drugs**

Controlled drugs should be kept in a locked cupboard under the control of a designated member of staff. Although a child who has been prescribed a controlled drug may legally have it in their possession, passing it to another child is an offence.

When administering / self-administering these drugs, the designated member of staff must ensure the correct procedures and record keeping are followed, paying particular attention to accurately recording the date, time and dosage.

## **2.3 Non – Prescription Medicines**

In some exceptional circumstances students may need to take non-prescribed medicines for a specific short term condition. Non-prescribed medication will not be kept in school unless prior written permission has been obtained from parents/carers using consent form E. The medication should be passed to the delegated member of staff and locked in the first aid room. Students should not carry non-prescription medication with them at school and if found on students the medication will be confiscated and parents will be contacted.

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

Prior to issuing non-prescription medication, e.g. pain relief, the maximum dosage and the time last taken should be checked before issuing.

## **2.4 Managing Medical Needs**

The academy will need sufficient information about the child's medical condition to ensure the right level of support is put in place. If the child's medical needs are inadequately supported this may have a significant impact on the child.

A written health care plan will be developed as appropriate for each child and this will be done in conjunction with the parents and health care professionals.

The health care plan usually includes details of the student's condition, special requirements, any side effects from medication, what constitutes an emergency, what action to be taken in an emergency, what not to do in an emergency, who to contact in an emergency.

Parents should be advised that a copy of the completed health care plan is held on the child's record on Sims in order that staff can readily access this information.

## **2.5 Administering Medicines**

No child under 16 will be given medicines without their parent's written consent. Only designated staff with appropriate training will be permitted to administer / issue medication.

Before giving medicines to a student the following should be checked: -

- The student's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If there is any doubt about the procedure, medicines should not be administered until it has been checked with either the parent or a health care professional.

A record of all medication administered to a student will be kept at all time by the responsible member of staff.

## **2.6 Self-Management**

Whenever possible, students, where appropriate will administer their own prescribed medication. If students are able to administer their own medication, the responsible member of staff will supervise them on every occasion and record the details in line with the policy.

## **2.7 Refusing Medicines**

If a student refuses to take medication, they should not be forced to do so, but this should be noted in the records and any agreed procedures followed as set out on the student's health care plan. Parent should be informed of the refusal on the same day.

## **2.8 Record Keeping**

Good records demonstrate that staff have exercised a duty of care. Records offer protection to staff and proof that the correct procedures have been followed.

## **2.9 Offsite Visits and Sporting Activities**

The school will ensure arrangements are in place to allow students with medical needs to participate in school trips and sporting activities. Additional safety measures or reasonable adjustments may need to be taken and staff must be aware of the child's medical needs and relevant emergency procedures.

Any restrictions on a student's ability to participate in PE or any other physical activity should be recorded in their individual health care plan.

Some students may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines such as asthma inhalers. Staff organising sporting or offsite activities need to be aware of how the medical condition will impact on the child's participation. They must assess the risks to students and consider what reasonable adjustments can be made to allow students to participate fully and safely.

## **2.10 Storing Medicines**

Large volumes of medicine will not be stored. Medicines that have been prescribed for an individual student should be stored in accordance with product instructions (paying particular note to the temperature) and in the original container in which it is dispensed. The container should be clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration.

All emergency medicines, such as asthma inhalers and epi pens should be readily available and should not be locked away. Emergency medication is stored in individual containers in the first aid room with child's name and photo on the front to ensure the correct box can be located quickly in an emergency.

## **2.11 Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. Parents should collect medicines at the end of term, if they are unable to do so the medication will be sent home on the last day of the term with the student.

## **2.12 Emergency Procedures**

It is important that all staff are aware of what to do in an emergency and should be aware of the individual health care plans, which will include the instructions of how to manage a student who has specific medical needs.

A member of staff should always accompany a student to the hospital and should stay until the parent arrives. Health care professionals are responsible for decisions on medical treatment when parents are not available.

## **2.13 Coordinating Information.**

The school's First Aid/Medical Officer will share information regarding students with medical needs to other members of staff. The school's First Aid/Medical Officer will liaise with the NHS School Health Nurse, parents/carers and academy staff.

## **2.14 Staff Training**

A health care plan may reveal that further information about a medical condition or specific training in administering a particular type of medicine or dealing with an emergency may be required. Staff should not administer medication without training.

The academy will ensure that where training needs are identified for specific medical conditions that this training will be given, with support from the school health nurse, to the appropriate staff.

## **2.15 Confidentiality**

It is the academy's policy that all staff will treat medical information confidentially. This will be agreed with the student where appropriate or otherwise the parent, who else should have access to records and other information about their child.

If information is withheld from staff, they should not be held responsible if they act incorrectly in giving medical assistance but otherwise act in good faith.



# Appendix 1

## Common Medical Conditions

### ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

#### INTRODUCTION

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This section provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

#### ASTHMA

##### What is Asthma?

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

Children with significant asthma should have an individual health care plan.

##### Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

**Children with asthma need to have immediate access to their reliever inhalers when they need them.** Inhaler devices usually deliver asthma medicines.

Children who are able to use their inhalers themselves should be allowed to carry them with them. Inhalers should always be available during physical education, sports activities and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school.

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed.

##### **An ambulance should be called if:**

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

## **EPILEPSY**

### **What is Epilepsy?**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. If a child does experience a seizure in school, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual “feelings” reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child’s specialist.

### **Medicine and Control**

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child’s chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child’s movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child’s head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

#### **An ambulance should be called during a convulsive seizure if:**

- it is the child’s first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child’s health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child’s health care plan

## DIABETES

### What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About 1 in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

### Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- Hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, irritability, headache, mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

**An ambulance should be called if:**

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

## **ANAPHYLAXIS**

### **What is anaphylaxis?**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

### **Medicine and Control**

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they

are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the school, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Important issues specific to anaphylaxis to be covered in the healthcare plan include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

## **Other Policies Linked to the Medication Policy.**

First Aid Policy

## Appendix 2

### **The Legal Requirements**

There are a number of legal requirements and implications that the Academy is aware of regarding the management of medication. This section summarises the main legal provisions that affect the Academy's responsibilities for managing a student's medical needs. Additional information about relevant legislation is detailed in the DfE document, Supporting Pupils at School with Medical Conditions.

#### **General Background**

The Academy is responsible for the health and safety of the students in their care. The legal framework for schools dealing with the health and safety of all their students derives from health and safety legislation. The law imposes duties on the employer. Community Commissioning Groups (CCGs) and NHS Trusts also have legal responsibilities for the health of residents in their areas.

#### **Staff administering medicine**

There is no legal or contractual duty on staff to administer medicine or supervise a student taking it. Support staff may have specific duties to provide medical support as part of their contract. But any member of staff may need to take action to assist a student in an emergency.

#### **Staff 'Duty of Care'**

Anyone caring for children including teachers and non-teaching staff have a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that students are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency.

## Appendix 3

### Forms

<b>Form A</b>	Parental request for academy to administer medicine
<b>Form B</b>	Health care plan for a child with medical needs
<b>Form C</b>	Health care plan for the management of anaphylaxis
<b>Form D</b>	Health care plan for the management of diabetes
<b>Form E</b>	Non-prescription medication

## FORM A

### Request for Medication Administered by Academy or Self-administered

The academy will not administer medicine unless you complete and sign this form, and the Headteacher has agreed that academy staff can administer medication.

#### Details of pupil

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Form Group \_\_\_\_\_

Condition/Illness \_\_\_\_\_

#### Medication

Name/Type of medication *(as described on the container)* \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Date dispensed \_\_\_\_\_

Full directions for use \_\_\_\_\_

Dosage and method \_\_\_\_\_

Timing \_\_\_\_\_

Special precautions (if any) \_\_\_\_\_

Known side effects:

**Self-administered** (yes or no) \_\_\_\_\_

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

\_\_\_\_\_



## Emergency Contact Details

### Contact 1

Name of contact: \_\_\_\_\_

Telephone number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address of contact: \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

### Contact 2

Name of contact: \_\_\_\_\_

Telephone number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address of contact: \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

***\*Please note: It is essential that both contacts can be contacted by phone***

## Parental Agreement

I understand that I must deliver my child's medicine to the academy in the original containers and collect from the academy any medication that has passed its expiry date. I accept that this is a service which the academy is not obliged to undertake.

Name (print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Health Care Plan for a child with medical needs

Photo

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Form Group\_\_\_\_\_

Medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Contact Information

Family Contact 1

Name of contact: \_\_\_\_\_

Tel. numbers: Home\_\_\_\_\_ work \_\_\_\_\_

Relationship: \_\_\_\_\_

## Family Contact 2

Name of contact: \_\_\_\_\_

Tel. numbers: Home \_\_\_\_\_ work \_\_\_\_\_

Relationship: \_\_\_\_\_

## GP

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

Tel. number: \_\_\_\_\_

## Hospital Clinic Contact

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

Tel. number: \_\_\_\_\_

Details of medical symptoms: (including any regular medications)

---

---

---

Regular requirements: (e.g. P.E / lunchtime)

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---

---

Describe what constitutes an emergency for the child, and the action to take if this occurs:

---

---

---

---

Care Plan Completed By:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date due for review: \_\_\_\_\_

Form copied to: \_\_\_\_\_

## Health Care Plan for management of anaphylaxis

Photo	Name _____ Date of Birth _____ Form Group _____ <b>Allergic reaction likely after exposure to:</b>
-------	---

**In the event of symptoms which indicate the child is suffering an anaphylactic reaction:**

1. Stay with the child (or get someone else to do this)
2. Get medication / adrenaline injection
3. Give treatment indicated below depending on the severity of the reaction.
4. Phone for an ambulance
5. Report condition to teacher in charge / Headteacher and contact parents.

Usual symptoms of a **mild reaction**: \_\_\_\_\_

\_\_\_\_\_

Treatment required during mild reaction: \_\_\_\_\_

Usual symptoms of a **severe reaction**: \_\_\_\_\_

\_\_\_\_\_

Treatment required during severe reaction: \_\_\_\_\_

\_\_\_\_\_

Dose of adrenaline injection required during a severe reaction: \_\_\_\_\_

Persons trained to give adrenaline injection by School Health Nurse / Community Pediatric Nurse:	

**Care plan agreement**

Parent _____	Date: _____
Headteacher _____	Date: _____
School Health Nurse _____	Date: _____
Doctor _____	Date: _____

Information collected will be regarded as confidential and will only be shared within the limits of the data protection notification between services.

<b>Health Care Plan for Diabetes</b>
--------------------------------------

Photo	Name _____ Date of Birth _____ Form Group _____
-------	---

**Hypoglycaemia**

Children with diabetes may experience hypoglycaemia (low blood glucose levels). Look out for the following symptoms:

Hunger/sweating/trembling or shaking/drowsiness/pallor/ glazed eyes/lack of concentration/mood changes, especially anger or aggressive behaviour, irritability, or becoming upset.

<b>Typical symptoms for this child are: (to be completed in consultation with parents / carers)</b>          
---

**Treatment**

Sugary food should be given immediately. Examples of these are lucozade, non-diet fizzy drink (e.g. Tango, Coke), mini chocolate bars, fruit juice, glucose tablets, honey or jam.

<b>Sugary food for this child:</b>          
--

<b>Quantity:</b>          
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**Non-prescription medication**

In some exceptional circumstances students may need to take non-prescribed medicines for a specific short term condition. Non-prescribed medication will not be kept in the academy unless prior written permission has been obtained from parents/carers. All medication should be handed in to the appropriate member of academy staff with the completed and signed form.

**Details of pupil**

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ Form Group \_\_\_\_\_

Condition/Illness \_\_\_\_\_

**Medication**Name/Type of medication *(as described on the container)* \_\_\_\_\_

\_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Full directions for use \_\_\_\_\_

Dosage \_\_\_\_\_ Timing \_\_\_\_\_

Special precautions (if any) \_\_\_\_\_

**Parent / Carer consent**

Name (print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_