

# **ST. DAVID'S HIGH SCHOOL**

## **Appendix A Procedure for the Administration of Medicines in school**

**Adopted by Governors  
February 2018  
Reviewed October 2024**





## FORM 1: Contacting Emergency Services

Request for an Ambulance:

**Dial 999, ask for ambulance and be ready with the following information**

1. Your telephone number
2. Give your location as follows (*insert school/setting address*)
3. State that the postcode is
4. Give exact location in the school/setting (*insert brief description*)
5. Give your name
6. Give name of child and a brief description of child 's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to
8. **Don't hang up until the information has been repeated back.**

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

Put a completed copy of this form by all the telephones in the school


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## FORM 2: Health Care Plan

2.40 The health plan should specify:

- The child or young person's view where possible.
- Parental wishes for the child.
- The care co ordinator/key worker for the child.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The permission of parents and the headteacher for the administration of medicines by staff or self administration by the child or young person (Form 3 and 4).
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.

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- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
  - Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.
  - Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
  - The importance of very clear procedures for emergency treatment for **all** children and young people with complex health needs.
  - The plan should also be made available to all staff coming into contact with the child or young person.
  - Copies of any relevant forms should form part of the healthcare plan.

### Healthcare Plan

Name of school/setting

Child 's name

Group/class/form

Date of birth

Child 's address

Medical diagnosis or condition

Date

Review date

Contact member of staff

### Family Contact Information

Name

Phone no.(work)

(home)

(mobile)

Name

Phone no.(work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

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Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime/homel/school trips)

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

Who is responsible in an emergency? (state if different for off-site activities)

Form copied to



**FORM 3A: Parental agreement for school/setting to administer medicine**

**The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.**

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

**Medicine**

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

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

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

Self administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.  
I understand that I must notify the school/setting of any changes in writing.

Date

Signature(s) .....

**FORM 3B: Parental agreement for school/setting to administer medicine**

**The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.**

Name of school/setting

Date

Child 's name

Group/class/form

Name and strength of medicine

Expiry date

How much to give (i.e. dose to be given)

When to be given

Any other instructions

Number of tablets/quantity to be given to school/setting

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent

or, adult contact

Name and phone no. of GP

Agreed review date to be initiated by [name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Print name .....

Parent's signature .....

Date

If more than one medicine is to be given a separate form should be completed for each one.

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**FORM 4: Headteacher/Head of setting agreement to administer medicine**

Name of school/setting

It is agreed that *[name of child]* ..... will receive  
*[quantity and name of medicine]* ..... every day at  
*[time medicine to be administered e.g. lunchtime or afternoon break]* .....

*[Name of child]* ..... will be given/supervised whilst  
he/she takes their medication by *[name of member of staff]* .....

This arrangement will continue until *[either end date of course of medicine or until instructed  
by parents]* .....

Date

Signed .....

*(The Headteacher/Head of setting/named member of staff)*



**FORM 5: Record of medicine administered to an individual child**

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature .....

Signature of parent .....

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**FORM 5: Continued**

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

**FORM 6: Record of medicines administered to all children and young people**

Name of school/setting

Date	Child's name	Time	Name of Medicine	Dose given	Any reactions	Signature of staff	Print name
/ /							
/ /							
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**FORM 7: Request for child to carry his/her own medicine**

*This form must be completed by parents/guardian*

**If staff have any concerns discuss this request with healthcare professionals**

Name of school/setting

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken  
in an emergency

**Contact Information**

Name

Daytime phone no.

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed ..... Date

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**FORM 8: Staff training record - administration of medicines**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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

I recommend that the training is updated *[please state how often]* .....

Trainer's signature ..... Date

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date



### FORM 9: Authorisation for the administration of rectal diazepam

Name of school/setting	<input type="text"/>
Child's name	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Home address	<input type="text"/>
G.P.	<input type="text"/>
Hospital consultant	<input type="text"/>

..... should be given Rectal Diazepam ..... mg.

If he/she has a \*prolonged epileptic seizure lasting over minutes

**OR**

\*serial seizures lasting over ..... minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after ..... minutes. (\*please delete as appropriate)

Doctor's signature ..... Date .....

Parent's signature ..... Date .....

#### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately. The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar.**

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