

MEDICINES IN SCHOOL POLICY (Appendix 2 Templates)

Approved by Full Governing Body on	26th March 2025
Next review date:	March 2027
Signed by Chair of Governors:	



community school
and sixth form

Appendix 2

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Template A: Parental consent to administer medication

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 the staff can administer medicine.

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration - y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff or school location]

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 confirm that this medication has been administered to my child in the past without adverse effect.** 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.

Signature(s)

Date

Individual protocol for Asthma

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

CHILD'S NAME.....

D.O.B.

Class

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

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

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

.....

Do they have a spacer?

.....

3. What triggers your child's asthma?

.....

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

Please delete as appropriate:

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

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

.....

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

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

Please sign below to confirm you agree the following:

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

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

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

I am the person with parental responsibility

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

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

For office use:

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

Record any further follow up with the parent/carer:

Individual protocol for an Adrenaline Auto Injector

CHILD'S NAME.....

D.O.B.

Class

Nature of Allergy:

.....

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP

Name:

Phone No:

Address:

Clinic/ Hospital Contact

Name:

Phone No:

Address:

MEDICATION EpiPen/Jext/Emerade (Delete as appropriate)

Name on auto injector & expiry date:

- It is the parent's responsibility to supply 2 auto injectors and to ensure they have not expired

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

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

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

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

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

Template D: Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

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

or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

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Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

1. School telephone

Telephone Number 01403 787200

2. Location

A.
Main Entrance (Station Road)
The Weald School
Station Road
Billingshurst
RH14 9RY

or

B.
Rear Entrance-Sixth Form (Stane Street)
The Weald School
Stane Street
Billingshurst
RH14 9LT

Be clear with Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

- Provide the exact location of the patient within the school setting
- Provide the name of the patient and a brief description of their symptoms

Once ambulance is called, radio premises and inform them that an ambulance has been requested and

- State which entrance is to be used
- State location of casualty within the school

Premises staff will be able to assist the crew on arrival