



TWO RIVERS  
HIGH SCHOOL



# Medication Policy

## Two Rivers High School

Approved: Summer Term 2022  
Logistics Committee

Next Review: Spring Term 2023

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need, including intimate care.

This policy has been written following the guidance issued by national government such as Department of Health (DH) and Department for Education and requirements set by governing bodies such as the Care Quality Commission (CQC) and Ofsted.

## **1. Introduction**

1.1 This policy has been developed between the school's Senior Leadership Team and NHS Trust School Nursing Teams and is written in accordance with the Department for Education (DfE) Statutory Guidance "Supporting pupils at school with medical conditions" December 2015.

Other supporting documents include:

- Statutory Framework for the Early Years Foundation Stage.
- Special Educational Needs and Disability (SEND) Code of Practice
- Equality Act 2010
- Medication Management Arrangements and Guidance (Staffordshire County Council).
- The Health and Safety at Work Act 1974
- Children and Families Act 2014

## **2. Definitions**

Within this policy administration refers to "the giving of a medicine or treatment"

"Controlled Drugs" The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication.

### **3. Purpose**

This policy outlines the roles and responsibilities of everyone involved in the handling of regular, emergency, and short-term medicines within Two Rivers High School.

### **4. Scope**

This policy covers the administration of all medicines for individual pupils until the end of Year 13 that are expected to be administered in school, in accordance with the signed parental request form.

### **5. Responsibilities**

#### **5.1 The Local Governing Board**

Will ensure that:

- This policy is reviewed regularly and is readily accessible to parents and school staff.
- The arrangements set out in this policy are implemented.
- There is a named person for the implementation of this policy.

#### **5.2 School Staff**

The Senior Leadership Team (SLT) is responsible for accessing safer handling of medicines training for staff, maintaining a register of trained staff, and ensuring adequate cover of trained staff throughout the school. SLT will ensure that:

- A person has been designated to lead on the implementation of this policy, this is Deputy Headteacher Claire Dryhurst
- All staff involved in handling and administering medicines have received the appropriate training.
- An accurate list is maintained of all staff who are declared competent to handle and administer medicines along with the type of medication training they have received.
- A list of all staff authorised to administer medication is maintained along with a sample of their signature and initials.
- There is safe and secure storage for medicines within school.
- This policy is reviewed at least annually.

### **5.3 Healthcare Professionals - Kerry Clover (School Nurse).**

Detail designated responsibilities and roles which may include:

- Informing the school when a pupil has been identified as having a medical condition that will require support in school.
- Support with on implementing a pupil's individual healthcare plan. \*
- Providing training for school staff. Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at school. General training on awareness of medical conditions and their possible medication implications will occur annually. This will run in parallel with the school's first aid training, which will continue to be under the guidance of the Health and Safety Policy.
- Providing advice and support.
- Updating the whole school general medical information record sheet (this is shared with all staff on the OneDrive)
- Informing parents/carers where supplies are running low or are close to the expiry date.
- To check medication e.g. to ensure no medication passes its expiry date or ensure medication has not gone bad e.g. crystallised.
- Ensure medication is stored safely e.g. storage, security etc

#### **IHCP – Individual Health Care Plans**

\*Individual Health Care Plans (IHCP) - The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include: ·

- Details of the child's condition
- What constitutes an emergency
- What action to take/not take in an emergency including who to contact

- Special requirements e.g. dietary needs, pre-activity precautions
- Side effects of medicines

A copy will be given to parents/carers, class teachers and a copy will be retained in the medical needs file in the Nurse's Office and the child's individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP and highlight specific information.

#### **5.4 Other professionals involved with IHCP (this list is not exclusive)**

- Outside agencies such as:
  - School Nurse Service
  - Medical specialists relating to pupil
  - Specialist Support Groups
  - Staffordshire Parent Partnership
  - Educational Psychology Team

Note that the following professionals may write their own plans or contribute to the EHCP (Education Health and Care Plans)

- Occupational therapist
- Physiotherapists
- Social services

#### **5.5 Parents**

Must provide:

- Timely and up-to-date information about their child's medical needs. Especially any changes to medication.
- A completed consent form at the specified intervals such as start of each new school year or when medication changes.
- The medicines to be administered in school. All medications sent into school must be in the original container and include a label stating pupil name, dose, frequency of administration and expiry date.
- All medication must be handed into the school office safely and securely.
- An adequate supply of emergency/rescue medication held in school.
- Information via the school office or The Endeavour App (Weduc) if any emergency/rescue medication has been

administered prior to the pupil attending school that day along with dose and time.

### **5.6 Pupils**

Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

## **6. Obtaining Consent for the administering of medication**

1. Parents to be given Medication Administration Form to complete detailing:
  - Name of medication
  - Dosage
  - Method of administration
  - Time and frequency of administration
  - Any other treatment
  - Medication needs to be in the original box with the Pharmacy label, detailing dosage.
  - Medication needs to be checked for expiry dates.
2. Parents return this completed form to the school office with the medication. (Where parents/carers transport pupils this should be done in person, where pupils are transported by taxi this should be handed from the driver/escort to a member of school staff who will then hand the form and any medication into the office. Under no circumstance should medication travel with pupils or on their person. Under circumstances where pupils travel into school independently a trusted adult should bring this medication in separately (with no exception).
3. The Medication Administration form is signed into school
4. This sheet and any medication is then sent to the Nursing Team.
5. Should a parent/ carer request a change in dose, a new form is to be completed by a doctor formally.
6. The school Nursing Team will store this information (located in the Nurse's Office)

## **Communication**

This policy will be available for all staff to read and will be published on the school website.

## **7. Administration**

Administration procedures remain the same for:

- Long term (regular/daily) medication
- Short term (seasonal/short courses) medication
- “As required” Medication (PRN)

Administration circumstances may differ slightly when medication is administered under the following circumstances. However, procedures and good practice should remain the same:

- Self-management of medication
- Emergency medication
- School trips and off-site activities (e.g residential visits, sporting activities)

The privacy and dignity of pupils is paramount, and medicines will always be administered in an area where this will not be compromised.

We will ask pupils and parents about any cultural or religious needs relating to the taking of medication or any prohibitions that apply. This information will be recorded as part of the pupil's healthcare plan or in the pupil's personal record.

To minimise the need for medication in school and where clinically appropriate parents are encouraged to ask the pharmacy or prescriber to prescribe medicines in dose frequencies that enable them to be taken outside of school hours. Medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime.

Only medicines prescribed for individual pupils will be administered within school. Medicines bought over the counter that do not have a label stating pupil name and dose will not be administered. Instructions such as “when required” or “as necessary” are discouraged.

Where the school allows staff to give non-prescribed medicine to a pupil the arrangements need to be detailed by the nursing team and agreed by parents/carers. We are currently only allowed to give paracetamol and **are not** allowed to give Ibuprofen or antihistamines.

If a pupil refuses to take their medicine, they will not be forced to do so. Refusal will be documented, parents informed and agreed protocols followed e.g. parents/carers invited in to administer medication.

Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.

#### **Detail of the school's arrangements:**

- Medication is signed in via the school office.
- Medication is **recorded on the medication administration record sheet (MARS)**
- Medication and forms are sent to the Nurse's Office for proper storage
- Members of staff responsible for administering medication **should check**
  - Pupils name
  - Written instructions
  - Prescribed dose and administer dose
  - Medications stock balance
  - Time given and who by
  - Expiry date of medication
  - The pupils IHCP (the information on the ICHP and the prescription label should be the same)
  - Any doubts or problems – the member of staff must check with the parents/carers or a health professional before taking further action

Checking medication in and out of school especially for controlled drugs where two members of staff will be needed.

The Administration of Controlled drugs such as Ritalin and Methylphenidate must be signed and counter signed by two staff in a "Controlled Drug Recording Book"



### **Staff administering medication:**

- Once all checks have been completed (as above)
- The administrator can administer the medication
- Records should be written **in the medication administration record sheet**
- If required, this should be witnessed and countersigned

School trips and off-site activities (e.g residential visits, sporting activities)

- Prior to a trip the organising teacher must consider all medical needs, risks associated with the medical needs, how medication will be stored, how medication will be administered and by who. This information should be written on each trip risk assessment.
- There must a register of staff who are competency trained and qualified to administer specific medication e.g. insulin and Buccal Midazolam for the emergency treatment of seizures. This information must clearly be highlighted on risk assessments.
- For school trips it is the responsibility of the class teacher to ensure that all documentation and medication are packaged together for the outing.
- A member of staff must sign the medication out of the Nurse's Office and sign it back in upon returning.
- A teaching assistant may be delegated this responsibility.
- All staff must sign to say they have read the risk assessments prior to trips.
- For pupils attending any residential care plans are agreed for all pupils with health needs including those requiring medication during their stay. This medication is then returned to the parents via the escort on their return.
- All policies and procedures as outlined above will be followed.
- If there are any uncertainties the responsible teacher must follow risk assessment procedure and contact the school Nursing Team at school, where nurses are unavailable parents/carers.

### **Self-management of Medication**

Where appropriate we encourage a child in managing their own medical needs with supervision. After a discussion with parents and health care professionals we will support children who are competent to take responsibility for their own medicines and procedures. E.g. insulin injections for

diabetics and inhalers with asthmatics. This will be reflected in the individual care plans. In these cases children should have access to their medicines for self-administration with the appropriate supervision.

Records detailing medication are still required.

## **Emergency Medication**

### **Epilepsy Medication**

Any epileptic activity must be recorded on a seizure chart. When any Epilepsy medication is given staff must record medication given on a seizure chart. This information is to be passed on to any additional professionals (paramedic) and parents/carers.

### **Asthma Medication**

Asthma medication must be recorded on the PRN (when required) record sheet. Parents and carers must be informed via the Endeavour App (Weduc) or telephone call where medication has been used.

### **Administration of Anaphylaxis Medication**

Medication is always recorded on a medication administered record sheet and we always call 999 after administration stating anaphylaxis on the phone.

### **Administration of Insulin**

Administration of insulin is given only by fully trained members of staff. Medication is determined on a sliding scale as per the need of the condition. Paper copies are kept, and this information remains in the Nurse's Office or kept with the pupil (in their classroom).

## **Errors in Administration**

In the event that medication has been administered incorrectly or the procedures have not been correctly followed staff must inform the Headteacher/Deputy Headteacher or School Nurse immediately.

If the pupil is in immediate danger call 999.

If the pupil is not in immediate danger seek medical advice school nurse, 111.

Parents and carers must always be informed promptly, and all information should be recorded on the medication administration record sheet.

School may have to investigate the matter further in line with safeguarding duties. The Nursing Team always investigate as a safeguarding matter and take any action because of the error e.g., additional training, etc.

## **8. Safe Storage of Medicine**

Controlled drugs will be stored securely (double locked) in a locked cupboard, locked in the Nurse's Office, only trained staff will have access; controlled drugs for emergency use must also be easily accessible. A second member of staff will witness the administration of a controlled drug and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

Emergency medicines such as inhalers and epipens are to be kept in their original packaging and clearly labelled in the Nurse's Office or in the pupil's classroom (where they are available and agreed by parents /carers). Staff are informed of where this is. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, forest school, educational visits and in the event of an unforeseen emergency like a fire.

In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use.

Prescription medicines that are clearly labelled and in their original packaging that require refrigeration are kept in the Nurse's fridge (location Nurse's Office).

### **8.1 Transporting controlled drugs between school and home**

- where parents/carers transport pupils this should be done in person and should be signed by school and parents/carers.
- where pupils are transported by taxi this should be handed from the driver/escort to a member of school staff who will then hand the form and any medication into the office. A school representative must sign as medication is handed over and must obtain the signature of the driver/or escort.
- Under no circumstance should medication travel with pupils or on their person. Under circumstances where pupils travel into school independently a trusted adult should bring this medication in separately (with no exception).

## 8.2 Storage during off site school visits and activities

- All controlled drugs must be locked in a double locked container.
- It must be kept on a person at all times and not left unattended for any duration.

## 9. Disposal of Medicine

All unwanted/expired medicines will be returned home with the pupil for destruction at a community pharmacy. This school has no facilities for disposing of unwanted medication.

## 10. Management of Errors and Incidents (Misused medication or suspected theft)

In addition to information already mentioned SLT will be informed of:

- Any medication that cannot be accounted for
- Suspected or known misuse of medication

SLT will instigate an investigation and report the incident following the school's incident reporting systems and disciplinary and capability policies.

This will allow for trends to be monitored with supported improvement actions to be put in place.

## 11. Training

- The school's SLT are responsible for organising the renewal of training.
- School staff involved in the administration of medication to pupils will receive suitable training. **Staff must not administer medicines without appropriate training.**
- A record of who delivered the training and who received the training, along with the date the next training is due will be maintained by the school.
- At least two members of permanent staff will receive pupil specific medication training. This training will be provided by the relevant healthcare professional.

## **12. Record Keeping**

The following records will be kept by the school:

- Individual Health Care Plans
- Confirmation of Medication Details and Parental Consent
- Self-Medication Assessment
- GP Consent Form – Self Medication
- GP Consent Form – Over the Counter Medication (Homely Remedies)
- Protocol for Administration of PRN Medication
- Receipt of Medication - Transport
- Medication Incident Report Form
- Medication Administration Record sheet
- Staff Training Records including Medication In-house Training Record

Record Keeping for legal reasons - records of all medicines administered are kept by the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day.

## **13. Confidentiality**

Whilst the school will strive to maintain confidentiality and comply with GDPR regulations, sometimes it may be in the pupil's best interests to share information about their condition/treatment/medication to other staff within the school and/or with other professionals. In these cases, parent consent will be sought.

## **14. Complaints**

Detail the school's complaints procedure is available via our Complaint Procedure Policy (found on the website).

The Academy's Complaints Procedure consists of four stages:

- Stage 1 – Concerns and difficulties, dealt with informally.
- Stage 2 – Complaints formally investigated by the Headteacher (or designate).

- Stage 3 – Complaints formally reviewed by the Chair of Local Governors (or designate).
- Stage 4 – Complaint Panel Hearing.

## **15. Monitoring and Review**

- The school's designated lead for this policy Claire Dryhurst, Deputy Headteacher, will monitor the implementation of this policy and provide the SLT with information termly on medication incidents.
- The school's SLT will review this policy annually or when there is a significant incident or change in guidance.
- The next scheduled review is Summer Term 2023

## **16. Attached as Appendix**

- Appendix 1 - Consent to be seen by the Nursing Team – Welcome Pack
- Appendix 2 – Annual Medication Record Consent Form
- Appendix 3 - Confirmation of Medication Details and Parental Consent (Welcome Pack) and Self Medication Assessment questionnaire sent to parents/carers by the Nursing Team
- Appendix 4 - Protocol for Administration of PRN Medication flowchart (can be found displayed in the Nurse's Office)
- Appendix 5 - Record of Rescue medication plus seizure record chart
- Appendix 6 - Medication Administration Record sheet (MARS) (masters are found in the Nurse's Office)
- Appendix 7 - As required administration record sheet (PRN) (masters are found in the Nurse's Office)
- Appendix 8 - The IHCP flowchart
- Appendix 9 - Receipt of Medication - Transport forms (located in the Reception Office)

## Appendix 1 - Consent Letter

Two Rivers High School

Dear Parent / Carer

In order to ensure that your child's health and wellbeing are maintained during their time at Two Rivers High School, it may be necessary for us to share information and / or request information | with other professionals or teachers regarding your child's needs.  
It may also be necessary to check and assess your child's growth on an annual / as required basis by the school nurse /outside agency.

We require consent to store and share information according to GDPR.

Please provide consent to the following if applicable

Reason	Signature	Date
I give permission for appropriate information to be obtained regarding my child's health from appropriate health professionals / teaching staff. This is usually in the form of requesting copies of recent clinic appointments from named Consultant's, confirmation of medication regimes from your G.P. etc.		
I give permission for any relevant information regarding my child's health being shared with other professionals / teaching staff.		
If the school nurse is unable to contact the parent/carer I give permission for my child to be seen by the school nurse if a concern is raised at school e.g. child is unwell /temperature etc.		
I give permission for my child's weight and height to be measured.		

In future how would you like to be contacted by the team? Please tick the most appropriate box below:

- ☐ Phone  
☐ Email  
☐ Post

Please complete this form if you give consent for your child to be seen by the School Nursing Team if required while they remain a pupil at Two Rivers High School

You have the right to change your permission to consent at any time, please contact the school nurse.

Childs Name: .....DOB.....

NHS no.....

Signed: .....Print Name: .....

Date: .....

(Person with parental responsibility to sign).

**Parental responsibility-** Parental Responsibility has been defined as all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his or her property. Parental Responsibility gives parent legal rights in respect of the child

If you require this document to be translated into a different language or in a different format (such as easy read or large print, audio) then please contact [specialschools.staffs@nhs.net](mailto:specialschools.staffs@nhs.net)

## Appendix 2 – Annual Medication Record Consent Form

### Annual Medication Record Consent Form



Pupil's Name: ..... D.O.B: .....

**Does your child have any allergies? Please List**

**Important** – please complete giving full details of your child's medications including names, dosages and times to be administered during school and also those that are administered at home.

Name of medication	Dosage	Time	Special Instructions

**If during this term your child's medication or dose is changed by a prescribing health professional, please inform us in writing immediately.**

Below is a list of non – prescribed items which the school may use with your consent (see below)

- **Plasters and non-adhesive dressings.**
- **Paracetamol for the treatment of pain or raised temperature only.**

(Please delete any of the above non – prescribed items I do not wish my child to receive).

#### **Important**

- All medicines should be in their original container, clearly labelled with your child's name.
- If you give any extra medication e.g. Paracetamol before leaving for school could you please inform the school.

I .....give permission for any member of staff who agrees to act in loco parentis to administer medicine prescribed by my doctor for:

- The above named pupil only whilst attending school.
- Any medication no longer required will be returned home for safe disposal.

**Signed** ..... **Parent/Guardian** **Date:**.....

Please sign and return this form as soon as possible

Received in school by: ..... Date: .....

Checked against MAR CHART **YES / NO**

Double Checked **YES / NO**

If you require this document to be translated into a different language or in a different format (such as easy read or large print, audio) then please contact [specialschools.staffs@nhs.net](mailto:specialschools.staffs@nhs.net)



Name of Child/Young Person:.....

**My Personalised Special School Nursing**  
**Booklet**



## **CONTENTS PAGE**

Welcome  
Information to support meeting your child's health needs  
Initial Assessment  
Year 6 Check List

## WELCOME

I would like to take this opportunity of welcoming you and your child to the Staffordshire Special School Health service. This booklet is designed to follow your child throughout their school life to ensure health needs are fully met and to support transition into adult life.

The booklet will need to be completed at various times in your child's journey throughout their education. The main parts are:

- Initial Assessment
- Year 6 Check List
- Year 9 Transition Review

Could you please complete the initial health questionnaire, medicine administration forms and consent at your earliest convenience.

Please return the completed health questionnaire booklet along with consent forms and administration of medication form to your child's Named School Nurse.

The information contained within this booklet will be stored in your child's file. You are welcome to contact your School Nurse at any time during your child's school life on any health issues that may affect them in school. However in case of an emergency and your child's Named Nurse is not available please contact the school and they will try to locate a member of the Special School Nursing Team.

*The School Nursing Team*



## **Information to support meeting your child's health needs**

In order to ensure that our nursing team are able to maintain your child's health and wellbeing during their school day it is essential that we are kept updated frequently / as required.

It is your responsibility as parent / guardian to communicate with the nursing team if your child has:

- Prescribed medication to be administered at school. This must be labelled correctly. Any changes to medication must have a doctor's letter confirming change. Any medication that can be administered at home should be.
- Any illness / admission to hospital your child experiences must be reported as soon as possible which includes illness / admission to hospital that occur during school holidays. Either let the nursing staff know at the beginning of that term on return to school or email [specialschools.staffs@nhs.net](mailto:specialschools.staffs@nhs.net).
- Impending health appointments or appointments that have occurred during an absence from school.
- If your child receives enteral feeding or any other clinical intervention in school please ensure all necessary equipment is sent in. This should include syringes, extension tubes, gravity feed packs.

## INITIAL HEALTH QUESTIONNAIRE

THE INFORMATION GIVEN ON THIS BOOKLET WILL BE TREATED AS  
**STRICTLY CONFIDENTIAL**

Childs Name:	NHS number:	Date of Birth:	Ethnicity:
Address:			
Postcode:			
Parent/ Guardian (person with parental responsibility)			
Contact Telephone Numbers Home: Mobile:		Does your child have a Social Worker?  Name of Social Worker:	
Family Summary/Structure:			
Previous School/ Nursery:		Current School:	
Name of previous Health Visitor/ School Nurse:			
G.P. name:			
G.P.s Address:			
Postcode:			
For Office Use Only		Details	
Date questionnaire received			
Consent Obtained			
Immunisation form completed			
Professional's involved form completed			
Date child seen			
Height		Cms	centile
Weight		Kgs	centile
Further action required?		List action:	
Date action completed:			

**Question 1.**

Does your child have any long-term health problems?

☐ YES

☐ NO

If YES please circle

Epilepsy

Diabetes

Asthma

Eczema

Autism

Serious Allergies

ADHD

Shunt

Other: please specify

.....

**Question 2.**

What is your child's medical diagnosis? .....

.....

**Question 3.**

Does your child regularly attend the hospital?

☐ YES

☐ NO

If YES

Please state reason .....

.....

.....

**Question 4.**  
hours?

Does your child need regular medication DURING school

☐ YES

☐ NO

If YES complete medication form

**This form will need to be completed annually/as required.**

**Question 4a.**  
hours?

Does your child need regular medication OUTSIDE school

☐ YES

☐ NO

If YES complete medication form

**This will need to be completed annually/as required.**

**Question 5.**

Are your child's immunisations up to date (including pre-school booster)?

☐ YES

☐ NO

☐ NOT SURE

If NO or NOT SURE please contact your doctor's surgery to make an appointment as soon as possible.

**Question 6.**

a. Do you have any concerns about your child's hearing?

☐ YES

☐ NO

If YES

Please give details

.....

.....

b. If Yes would you like your child to be referred to audiology?

☐ YES

☐ NO

c. Does your child wear a hearing aid?

☐ YES

☐ NO

If YES

Please give details

.....

.....

**Question 7.**

Does your child have any speech problems?

☐ YES

☐ NO

If YES

Please give details

.....

.....

**Question 8.**

Does your child see a Speech and Language Therapist?

☐ YES

☐ NO

If yes please ensure your child's Speech and Language Therapist name and contact details are on Professionals contact form.

Please give details why your child sees a speech and language therapist

.....

.....

**Question 9.**

Does your child use communication aids?

☐ YES

☐ NO

If YES

Please circle:      PECS      MAKATON      SIGN LANGUAGE

**Question 10.**

a. Does your child wear glasses?

☐ YES

☐ NO

If you have concerns regarding your child's vision, please make an appointment with your local opticians; if you require support please contact your school nurse.

**Question 11.**

a. Does your child suffer from constipation or other toileting problems?

☐ YES

☐ NO

If YES

Please give details

.....  
.....

b. Or day or night time wetting?

☐ YES

☐ NO

If YES

Please give details

.....  
.....

c. Does your child use continence products? Eg. Nappies.

☐ YES

☐ NO

If Yes please note an annual assessment will be completed

Please give details of products used

.....  
.....



**Question 12.**

Does your child have any problems with eating / diet / weight?

YES

NO

If YES

Please give details

.....

.....

**Question 13.**

Does your child see the dietician?

YES

NO

If yes please ensure your child's dietician name and contact details are on professionals contact form.

**Question 14.**

Do you have any concerns about your child's behaviour?

YES

NO

If YES

Please give details

.....

.....

Please ensure your child's Learning Disability Nurse/ therapist name and contact details are on professionals contact page

**Question 15.**

a. Does your child have any problems with mobility?

YES

NO

If YES

Please give details

.....

.....

b. Does this affect your child's physical education?

YES

NO

If YES

Please give details

.....

.....

**Question 16.**

Does your child see the physiotherapist / occupational therapist?

☐ YES

☐ NO

If YES

Please give details

.....

.....  
And please ensure your child's physiotherapist / occupational therapist name and contact details are on Professionals contact page.

**Question 17.**

Does your child have sleep problems?

☐ YES

☐ NO

If YES

Please give details

.....

.....

**Question 18.**

Does your child regularly see a dentist?

☐ YES

☐ NO

If YES

Please give details

.....

**Question 19.**

What is your child's religion/beliefs? Please give details.

.....

**Question 20.**

Are there any religious reasons which would impact medical treatment?

Please give details

.....

.....

**Question 21.**

Does anyone in the household smoke?

☐ YES

☐ NO

b. Would you like advice or support in giving up smoking?

☐ YES

☐ NO

Please ensure all parts of the assessment are completed, Consent Form, Annual Medication Form, Professional forms **Should you wish to share any other details regarding your child's health please use continuation sheet.**

Depending on completion of this form further questionnaires may be sent home to be completed to enable nurses to complete care plans.

**Thank you very much for taking the time to complete this questionnaire.**


Signed .....

Print                      Name: .....                      Date:  
 .....

Please state your relationship to child.....

Do you have parental responsibility? Please circle      Yes              No              Not Sure

Please indicate if you would like an appointment with the school nurse to discuss any of the points above      Yes              No

## **PROFESSIONALS / AGENCIES INVOLVED IN YOUR CHILD'S CARE**

<b><u>Physiotherapist</u></b> Name : Address :  Tel No :	<b><u>Occupational Therapist</u></b> Name : Address :  Tel No :
<b><u>Consultant</u></b> <u>Speciality</u> Name : Address :  Tel No :	<b><u>Consultant</u></b> <u>Speciality</u> Name : Address :  Tel No :
<b><u>Consultant</u></b> <u>Speciality</u> Name : Address :  Tel No :	<b><u>Speech and Language Therapist</u></b> Name : Address :  Tel No :
<b><u>Dietitian</u></b> Name :  Address :  Tel No :	<b><u>Shared Care / Direct Payments carer</u></b> Name :  Address :  Tel No :
<b><u>Opticians</u></b> Name :  Address :  Tel No :	<b><u>Respite / Hospice</u></b> Name :  Address :  Tel No :

**PLEASE COMPLETE WITH AS MUCH INFORMATION AS POSSIBLE**

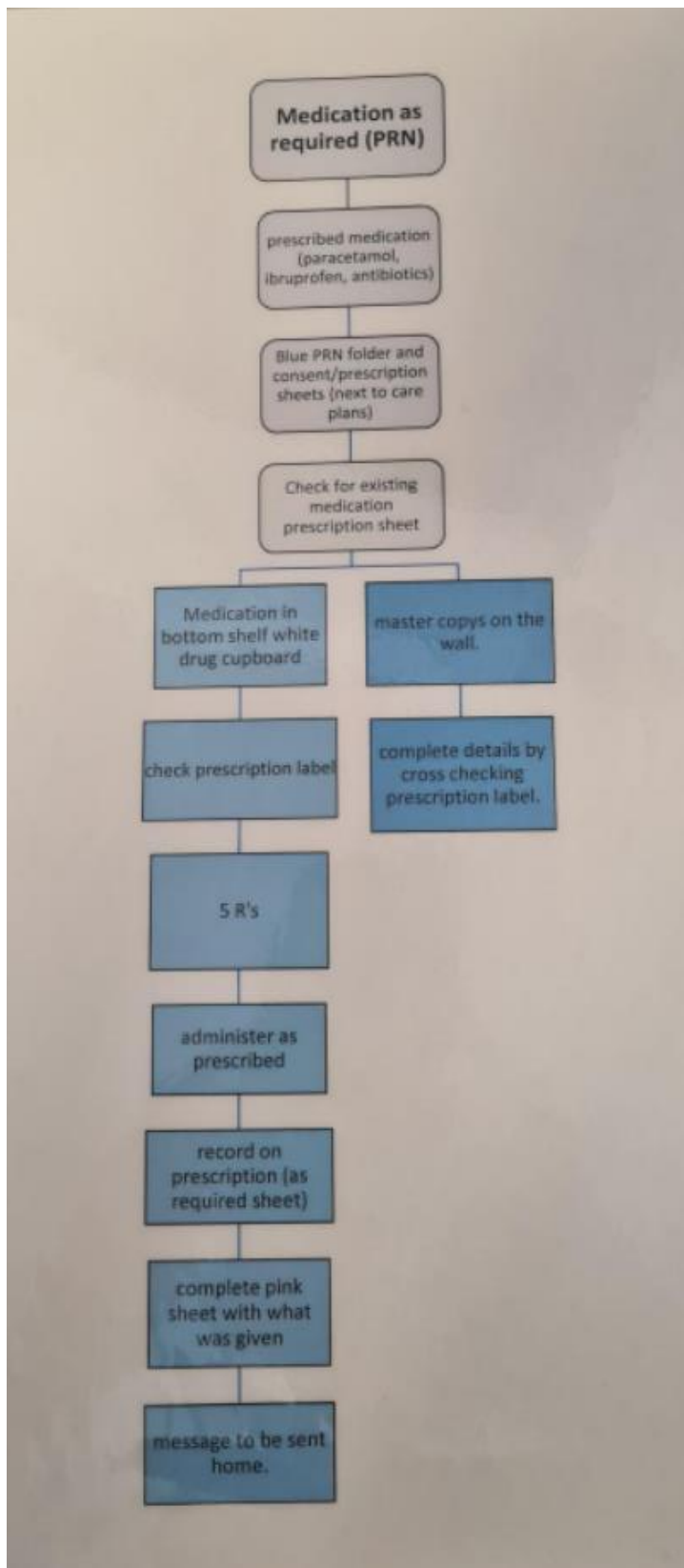
## **PROFESSIONALS / AGENCIES INVOLVED IN YOUR CHILD'S CARE**

<b><u>Community Children's Nurse</u></b> Name :  Address :  Tel No :	<b><u>Local Support Team</u></b> Name :  Address :  Tel No :
<b><u>Health Visitor</u></b> Name :  Address :  Tel No :	<b><u>Learning Disability Team</u></b> Name :  Address :  Tel No :
<b><u>Other</u></b>      	<b><u>Other</u></b>      

**PLEASE COMPLETE WITH AS MUCH INFORMATION AS POSSIBLE**

If you require this document to be translated into a different language or in a different format  
 (such as easy read or large print, audio) then please contact  
[specialschools.staffs@mpft.nhs.uk](mailto:specialschools.staffs@mpft.nhs.uk)

## Appendix 4 – Medication required flowchart



## Appendix 5 – Administration of rescue medication form and seizure chart (including description)

### Record of Administration of Rescue Medication

<b>NAME</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	
<b>CONTACT INFORMATION</b>	
<b>GP</b>	
<b>NHS NO</b>	

Description of seizure:	
Duration of fit:	
Loss of Consciousness: YES / NO	
Areas of body involved:	
Was there a loss of continence:	
Was there a change in colour:	
Medication given (indicate route):	
Dosage:	
Time given:	
Time paramedics called:	
Time paramedics arrived:	
Record of events following administration of Rescue medication:	
Length of recovery:	
Any other comments	

Name (given by): \_\_\_\_\_ (Please print)      Witnessed: \_\_\_\_\_  
 Signature (given by): \_\_\_\_\_      Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_      Date: \_\_\_\_\_

### Seizure Chart

<b>NAME</b>				
<b>DATE OF BIRTH</b>				
<b>NHS NO:</b>				
<b>GP/ Consultant</b>				
<b><u>Date</u></b>	<b><u>Time</u></b>	<b><u>Description of Seizure</u></b> (see guidance)	<b><u>Duration</u></b>	<b><u>Staff signature</u></b>

## **Seizure Description Guidance**

The purpose of completing this form is to provide as clear a statement as possible of what happened before, during and after an seizure. This should include what you observed and also where possible/as soon as possible, information from the person of what they recall of events prior to, during and after seizure. You should include the following information where possible:

1. What was the person doing at the time of the onset?
2. Had the person just fallen asleep or woken up?
3. What called your attention to the seizure (a cry or a shout)?
4. Did the seizure start in one part of the body – eg. head turning to one side, slurred speech?
5. How did the seizure progress to involve other parts of the body eg. one side, all limbs?
6. How did the seizure progress eg. slowly, quickly?
7. Did the person become stiff and then fall?
8. Did the person become suddenly floppy then fall?
9. Was there shaking in any parts of the body?
10. Was one side affected more than the other?
11. Was there any loss of consciousness, altered awareness or state of confusion?
12. Was there any change in breathing pattern or change in skin colour eg. flushed, cyanosis?
13. Did the person try to perform any actions during the seizure?
14. Was there any incontinence during the seizure?
15. Was there any injury as a result of the seizure?
16. How did the person behave after the seizure, eg. alert, drowsy, confused?
17. How long did the person take to fully recover from the seizure?
18. What did the person remember about the seizure – before, during and after?
19. How long did each part of the seizure last?

Please remember that by giving as much information as possible you will help the Doctor to reach the correct diagnosis and therefore help in the decision towards the correct line of treatment. Also if the person is able to describe their sensations, please document under description.



## Appendix 6 MARS chart

### MEDICINES ADMINISTRATION RECORD (MAR CHART)

Pupils Name: \_\_\_\_\_ DoB: \_\_\_\_\_ NHS No: \_\_\_\_\_ Class \_\_\_\_\_ MAR sheet No \_\_\_\_\_ of \_\_\_\_\_

KEY: R = Refused, NBM = Nil by Mouth, V = Vomited, NA = Not Available, L – Patient on Leave / Absent, O = Omit, A = Asleep

Allergies, intolerances /sensitivities (this section must be completed) ..... NKA Nature of reaction.....

<b>Medication Name:</b>		<b>Month</b>	<b>Date:</b>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>	
Dose:	Route	Time:	Administered																																
			Checked																																
Signature of Person Transcribing: 1- 2-		Time:	Administered																																
			Checked																																
Print Name: 1- 2-																																			
Special Instructions/:																																			

<b>Medication Name:</b>		<b>Month</b>	<b>Date:</b>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>	
Dose:	Route:	Time:	Administered																																
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Signature of Person Transcribing: 1- 2-		Time:	Administered																																
			Checked																																
Print Name: 1- 2-																																			
Special instructions/:																																			

## Appendix 7 PRN Sheet



### PRESCRIPTION ( AS REQUIRED MEDICATION )

Pupils Name:

D.O.B:

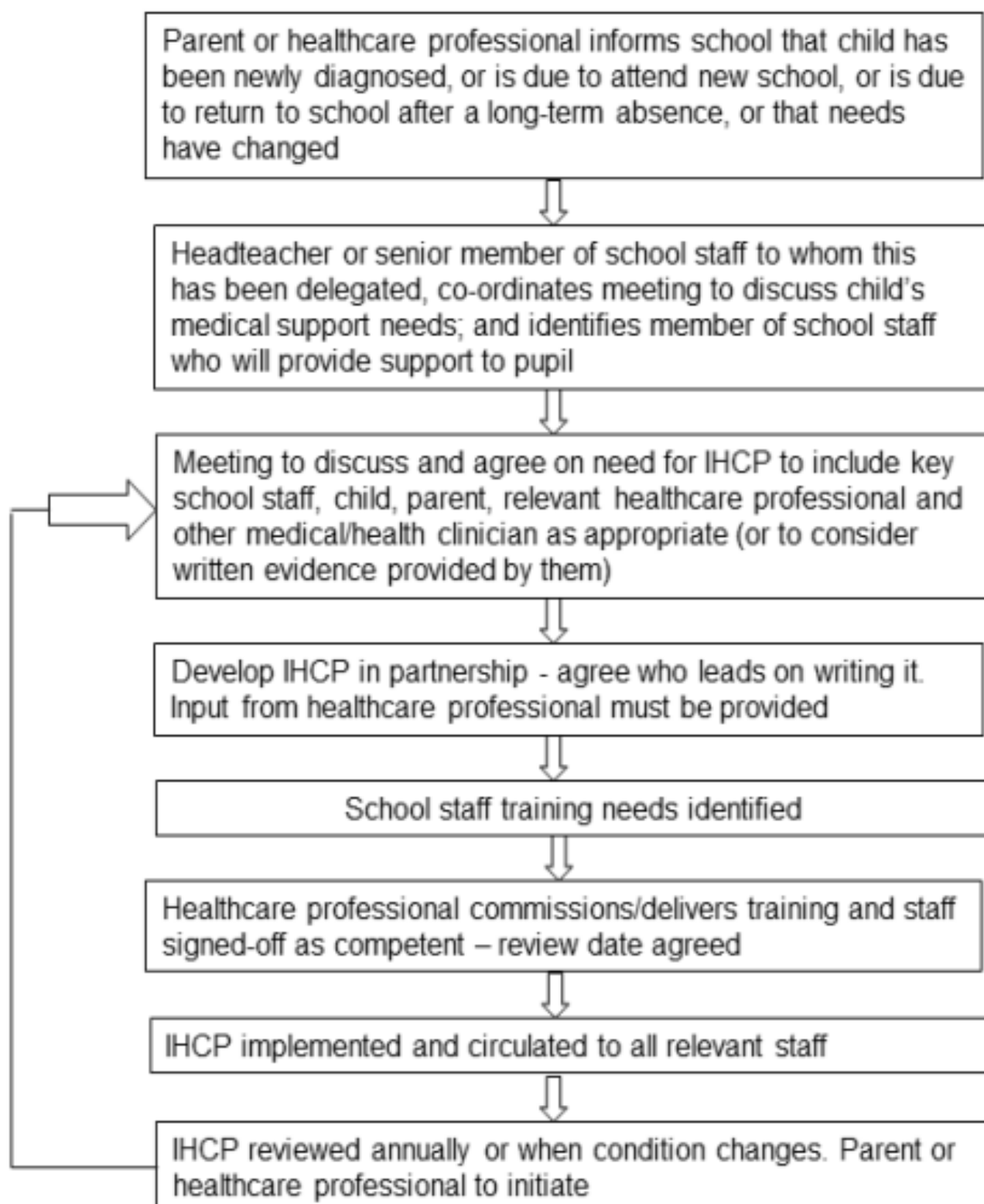
NHS No:



Medication	Reason for administration	Date																	
Dose and frequency	Route	Time																	
Signature	Start date	Given by																	

Medication	Reason for administration	Date																	
Dose and frequency	Route	Time																	
Signature	Start date	Given by																	

## Appendix 8 Model process for developing individual healthcare plans



## Appendix 9



Two Rivers School

### Transport of Medication form

All medication received must be checked to ensure it is in an appropriate container. A signature must then be obtained from the parent/carer/school/driver/escort to acknowledge receipt. On arrival at school, the medication accompanied by this form must be handed to a member of staff and a signature obtained from them. This process is to be reversed when returning any medication.

Date		Child's name	
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Details of medication	Collection			Return			Comments/ special instructions
	Signature Parent/carer	Signature escort/driver	Signature member of staff/school	Signature member of staff/school	Signature escort/driver	Signature Parent/carer	
1							
2							
3							

This form to be returned to school office by escort / driver once completed. For further clarification please ring school on 01827 426124