Endeavour
Multi-Academy Trust

MEDICATION POLICY

Two Rivers Primary School

DOCUMENT CONTROL	
Approved for operation within	Two Rivers Primary School
Version number	V4.0
Consulted on with recognised trade unions	N/A
Reviewed By	Two Rivers School Logistics Local Governing Committee
Recommended to Full Trust Board by:	Trust Board
Date approved by the Trust Board	23 March 2026
Risk Register Item Number	N/A
Review Period	Annual
Next Review Date	Spring 2027
Policy status	Statutory
Location published	External
Owner	Two Rivers School Logistics Local Governing Committee

DOCUMENT HISTORY DATE	DOCUMENT VERSION	DOCUMENT HISTORY
07/03/2023	V1.0	Scheduled review
27/02/2023	V2.0	Scheduled review
29/01/2025	V3.0	Scheduled review
15/01/2026	V4.0	Scheduled review – no changes

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

This policy has been developed between the school's Senior Leadership Team and the NHS Trust (MPFT) 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 Primary School.

4. Scope

This policy covers the administration of all medicines for individual pupils until the end of Year 6, that are expected to be administered in school in accordance with the signed parental request form.

5. Responsibilities

The Local Governing Board

Will ensure that:

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

School Staff

The Senior Leadership Team (SLT) and the NHS School Nursing Team are 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 Marie Povey, Deputy Headteacher.
- All staff involved in handling and administrating 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.

Healthcare Professionals

Two Rivers Primary School has two NHS School Nurses – Christine Caile and Kerry Clover.

- The School Nursing Team and parents/carers will Inform the school when a pupil has been identified as having a medical condition that will require support in school.
- Support with 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 and share with the Deputy Headteacher.
- 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.

Other professionals (Social Care, Local Authorities)

Other specialist teams who support Two Rivers Primary pupils include:

- School Nurse Service
- Medical specialists relating to pupils
- Local Outreach Team
- Staffordshire Hearing Impairment Team
- Staffordshire Visual Impairment Team
- Tamworth Learning Disability Team
- Educational Psychology Team
- Social Care
- CAMHS

Parents/Carers

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 start of each new school year and 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.
- An adequate supply of emergency/rescue medication held in school.
- Information in person or by speaking with the School Nursing Team or Senior Leadership Team or in writing through the School Office. If any

emergency/rescue medication has been administered prior to the pupil attending school that day along with dose and time.

Pupils

If appropriate 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. Consent

No child under 16 should be given prescription or non-prescription medications without their parents/carers written consent.

Consent for medication to be administered must be in writing. Forms should be completed and returned – medication should not be administered without consent.

In the first instance parents/carers will be required to complete Medication Forms when a child starts at Two Rivers Primary (see appendix) and then again annually. New forms must be completed if medications are changed or if a new medication has been prescribed.

1. Parents/carers 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/carers 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/minibus this should be handed in by the driver/escort and signed 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. Claire Cope-Collins or SMT (in her absence) will be informed that medication has arrived and this sheet and any medication is then sent to the Nurses' Office for safe storage.

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/SMT will store this information (located in the Nurse's Office).

7. Communication

Details of this policy can be found on the school website and can be obtained from the School Office on request.

8. 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/carers 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/carers 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.

Non-prescription Medication

Paracetamol – with written consent from parents/carers paracetamol may be given by a teacher. This must be a pharmacist labelled bottle (Name, DOB and dosage) or a regular bottle accompanied by a GP letter stating consent for the medication to be given to the named child. Any member of staff who administers this medication must sign that it has been administered and have it counter signed. (PRM form **Appendix 7**)

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

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:

Protocol for checking medication in and out of school includes:

Parents/carers bringing in medication via the School Office:

- Parents/carers will sign over medication to the School Office using a Medication Administration Record Sheet. The office staff will sign that it has been received. A member of staff will sign for it to be taken from the office to be locked in the Nurse's Office in the locked medicine cupboard or the fridge.

- Asthma inhalers will be signed in for the Nurse to log. These will then be taken to class and placed in the orange storage bags labelled with the child's name, DOB and photo. These are kept in a cupboard that only staff access. Class teams update their poster displaying this information to ensure all staff are aware of location.

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

Transport bringing in medication:

- Parents/carers will sign over medication to the transport escort using a Medication Administration Record Sheet. Once on site the escort will sign over medication to the School Office. The office staff will sign in receipt of the medication. A member of staff will sign for it to be taken from the office and locked in the Nurse's Office in the locked medicine cupboard or the fridge.
- Asthma inhalers will be signed in for the Nurse to log. These will then be taken to class and placed in the orange storage bags labelled with the child's name, DOB and photo. These are kept in a cupboard that only staff access.

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 IHCP 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.

Controlled Drugs Medication:

- This is a medicine that is controlled by the Misuse of Drugs Act e.g. Methylphenidate.
- These medicines are signed in and out of school as the same protocol. This medication is then locked in an individual lockable box that is then locked in the medicine cupboard in the Nurse's Office. Controlled drugs will be recorded in the controlled drugs register immediately on receipt and witnessed by another person. The register will be reviewed by the School Nurse.

Drugs that are transported between home and school each day will undergo the same process of signage when they leave the building.

Long-term (regular/daily), Short-term (seasonal/short courses) and medication that is "As required" Medication (PRN)

Staff who are trained to administer medication will follow the 'Five Rights of Administration' outlined by the School Nurse training.

They must always check:

- Right person – check name and DOB
- Right drug – check container with chart to the child
- Right dose – check container with chart
- Right route – administer via the correct route
- Right time – administer will check the correct time of administration

The School Nurse will ensure enough medications are available for administration and alert parents/carers to the need for further supplies.

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 telephone call and the Endeavour App 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).

Emergency recovery medication (that is administered after 5 minutes) is locked in the medication cupboard in the Nurse's Office (key is in the permanently staffed Main Office). Pupils receiving these will have a care plan with the protocol of actions. Only staff trained to the correct level of competency will administer these medications.

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

- All care plans, medicines and record sheets must be taken with pupils on trips. Controlled drugs must travel in a lockable box. Medicines will be written on the outing's forms. **Appendix 9**
- Medication should be signed out of school for school visits.
- Only staff who have completed Medicine Management training will be responsible for medications on school trips.
- Medications will be stored safely and remain with staff at all times and will not be left unattended.
- On return to school medication will be signed into school again.
- Epilepsy medication will be kept in the Nurse's Office in a locked cabinet.

All medications administered will be done so by a trained member of staff who has the necessary level of competency. This will be overseen by a second member of staff with the same level of competency. They will follow the 'Five Rights to Administration'. All administration forms will be signed and countersigned.

9. Safe Storage of Medicine

Access to areas of the school where medication is stored is restricted.

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 orange medical bags, locked in each classroom. Staff are informed of where this is through a poster in the classroom. 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.

The Human Medicines (Amendment) Regulations 2017 allows schools in England to hold an emergency adrenaline auto-injector (EpiPen**)** for general emergency use.

Spare emergency Inhalers and EpiPens are located in the Assistant Heads office and Nurses Room.

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).

Transport between school and home

All medications are signed in and out of school and between escorts and parents/carers – signage sheets are kept by the School Nurse.

During off site school visits and activities all medications are written on the going out trip forms. Medication is signed in and out of school during school trips. The Senior Leadership Team sign classes in and out of school for trips and will check that medication has been written on these forms. The School Office retains a copy of this form whilst pupils are off-site.

Medications will be stored safely and remain with staff at all times and will not be left unattended.

On return to school medication will be returned and signed back into school.

10. 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.

11. Management of Errors and Incidents (misused medication or suspected theft)

In addition to information already mentioned the 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.

12. 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.

13. Record Keeping

The following records will be kept by the school:

- Individual Care Plans
- Confirmation of Medication Details and Parental consent
- GP Consent Form – Over the Counter Medication (Paracetamol)
- Protocol for Administration of PRN Medication
- Receipt of Medication – transport
- Medication Incident Report Form
- Medication Administration Record Sheet
- All of the above are located in the Nurse's Office
- A record of Staff Training Records including Medication in-house training record will be kept by the School Secretary

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.

14. Risk Assessments

Generic risk assessments are written and shared for pupils with medical conditions e.g. diabetes, epilepsy, anaphylaxis etc. However, where required, individual risk assessments are also written and shared, with details regarding any specific associated risks.

15. 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.

16. Complaints

Details of the school's complaints procedure is available via Endeavour Multi Academy Trust's Complaints Procedure

The complaints procedure can be found on the school website: www.tworiversschool.net

17. Monitoring and Review

- The school's Designated Lead for this policy, Marie Povey, will monitor the implementation of this policy and provide the SLT with information regularly (weekly SMT meetings) on medication incidents.
- The school's SLT will review this policy annually or when there is a significant incident or change in guidance.

18. 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 10 – Medical Risk Assessments (Example only).

Appendix 1 - Consent Letter

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Two Rivers Primary School

Dear Parent / Carer
In order to ensure that your child's health and wellbeing are maintained during their time at Two Rivers Primary 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.		

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 Primary 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

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

- ☐ Phone
- ☐ Email
- ☐ Post

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

Appendix 2 – Annual Medication Record Consent Form

Midlands Partnership NHS Foundation Trust
A Keele University Teaching Trust

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

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

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

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.



NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

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.

- 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.

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:	

INITIAL HEALTH QUESTIONNAIRE

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. Does your child need regular medication DURING school hours?

YES NO If **YES,** please complete the medication form

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

Question 4a. Does your child need regular medication OUTSIDE school hours?

YES	NO

If **YES,** please complete the 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 form.

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 form.

.

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. Does anyone in the household smoke?

YES NO

If YES, 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

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

PLEASE COMPLETE WITH AS MUCH INFORMATION AS POSSIBLE

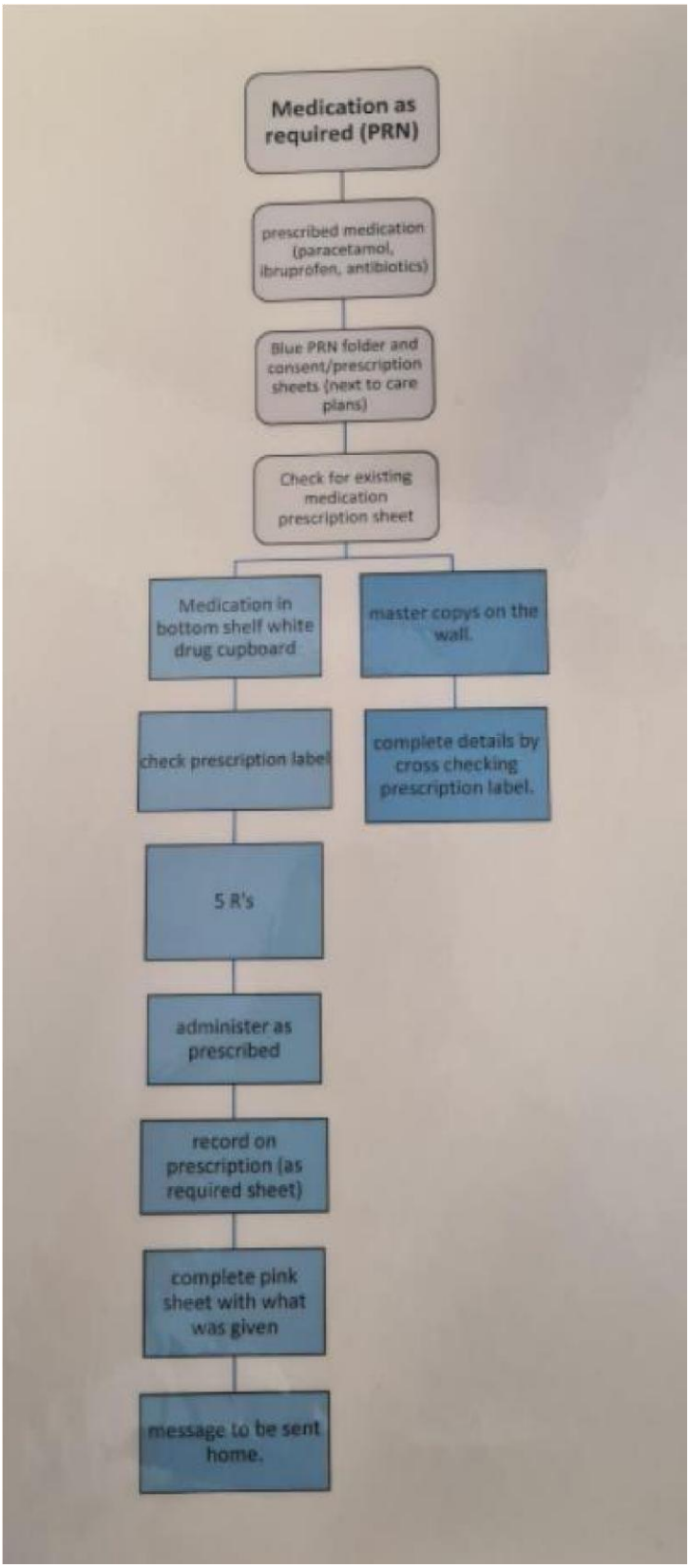
PROFESSIONALS / AGENCIES INVOLVED IN YOUR CHILD'S CARE

Community Children's Nurse Name: Address: Tel No:	**Local Support Team** Name: Address: Tel No:
Health Visitor Name: Address: Tel No:	**Learning Disability Team** Name: Address: Tel No:
Other	**Other**

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

Appendix 4 – Medication required flowchart



Appendix 5 – Administration of Rescue Medication Form and Seizure Chart (including description)

NHS Midlands Partnership NHS Foundation Trust A Keele University Teaching Trust

Record of Administration of Rescue Medication

NAME	
DATE OF BIRTH	
ADDRESS	
CONTACT INFORMATION	
GP	
NHS NO	

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: _____

NHS Midlands Partnership NHS Foundation Trust A Keele University Teaching Trust

Seizure Chart

NAME	
DATE OF BIRTH	
NHS NO:	
GP/ Consultant	

Date	Time	Description of Seizure (see guidance)	Duration	Staff signature

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.....

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

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

Appendix 7 PRN Sheet

PRESCRIPTION (AS REQUIRED MEDICATION)

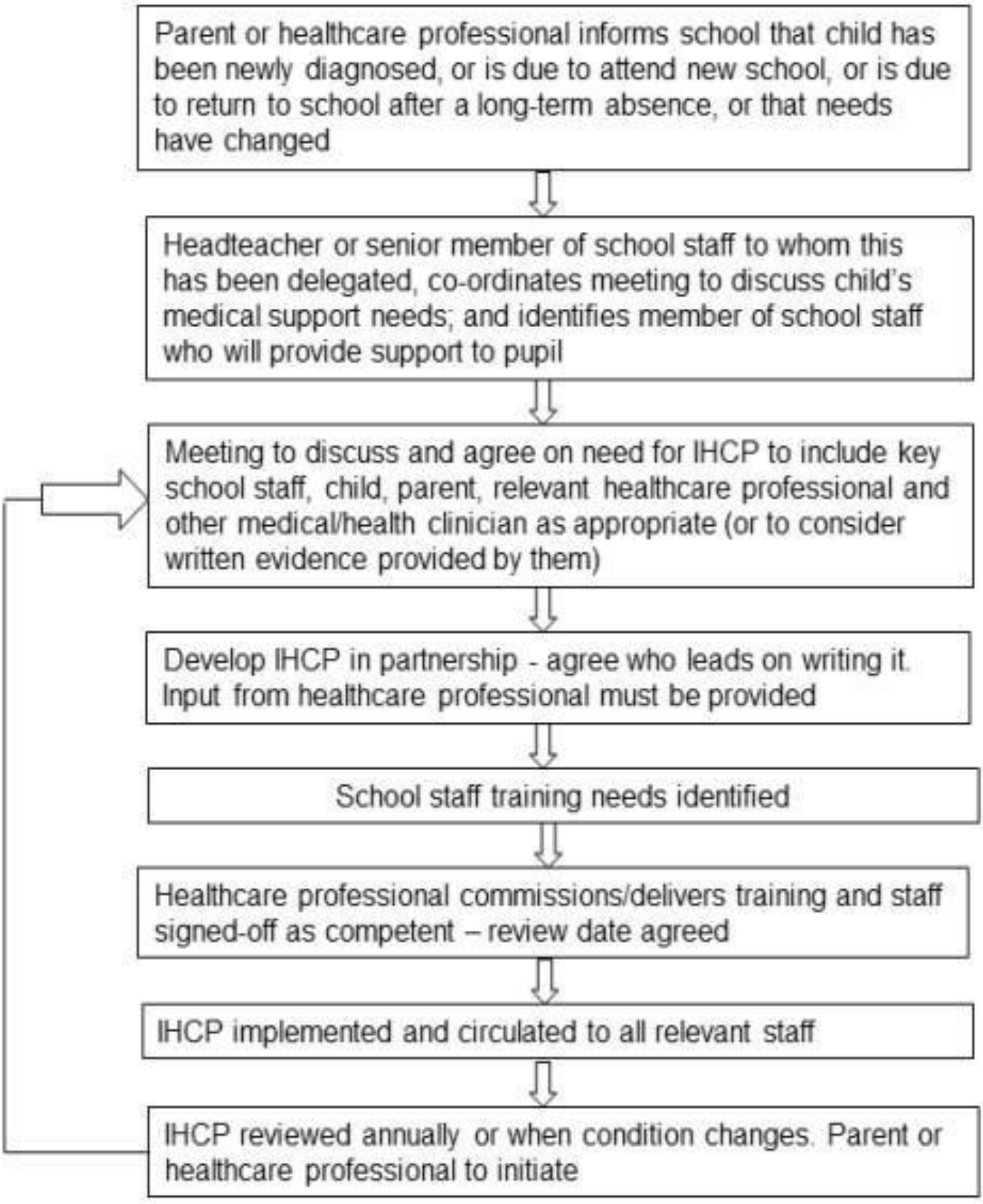
Pupils Name:

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

Receipt of medication – transport

All medication received must be checked to ensure it is an appropriate container. A signature must then be obtained from the parent/carer/school to acknowledge receipt. Upon arrival at school, the medication accompanied by this form must be placed in a suitable secure area for validation and appropriate action. This process is to be repeated when returning any medication.

Child's name_____

Date	Medication	Collection			Return			Comments/ Special Instructions
		Signature of Parent/Carer	Signature of Escort/Driver	Signature of Member of Staff	Signature of Member of Staff	Signature of Escort/Driver	Signature of Parent/Carer	

Appendix 10 – Risk Assessment for Medical

Staffordshire County Council HSF 19

General Risk Assessment Record Form EXAMPLE ONLY

1. **Section/Service/Team**..... 2. **Assessor(s)**.....

3. **Description of Task/Activity/Area/Premises etc.** General and specialist classrooms (add as needed)

What are the hazards?	**Who might be harmed and how?**	**What are you already doing?** List the control measures already in place	**What is the risk rating – H, M, L?** See section 5	**What further action, if any, is necessary, if so what action is to be taken by whom and by when?**	**Action Completed** State the date completed and sign.	**What is the risk rating now – H, M, L?** See Section 5
Epipen	Pupils and all staff	***Example controls could include:*** • Epipens are stored in either the medical room or a classroom in the teacher's desk drawer. • All rooms are locked when not in use. • Epipens are logged in and out when taken off site in a lockable bag • Staff receive annual training on how to administer and keep EpiPens safe in school and off site. • Education have a medicines management policy which can be utilised if any errors occur • Special School Nurses also have access to the BNF and support for any medical needs • Sharps need to be	High	If an EpiPen has been administered under any circumstances ring emergency services 999	Example	High