



# Midsomer Norton Schools Partnership

Issued: October 2019  
Review: Term 1 annually  
LST: MAM

## SUPPORTING PUPILS WITH MEDICAL CONDITIONS

The B&NES Policy will be followed and the full guidance and reference documents are:

[\*"Managing Medicines – Schools and Early Years Settings" Department of Health 1448-2005 DCL-EN.\*](#)

*"Guidance for supporting pupils at school with medical conditions" B&NES Jan 2018*

*"Guidance on the use of adrenaline auto-injectors in schools" DoH Sept 2017*

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

In addition the allocated school nurse should always be asked if eg. any procedures are unclear.

### Administration of Medication

- This task can be undertaken by any member of staff that is willing to do so. Where special techniques are required to administer medication such as the use of an Epi-pen enough staff will be trained to allow for periods of sickness absence etc.
- Medication will only be administered if it has been prescribed by the child's doctor and written consent and instructions have been received from the parent/carer.
- Non prescribed medication will not be administered. There may be exceptions to this and where appropriate a parental request form will be completed.
- Wherever possible pupils should be enabled to administer their own medication with a level of supervision appropriate to the individual.
- If a child refuses to take the medication the parent/carer should be informed. If refusal could result in a medical crisis, then parents or ambulance service should be summoned immediately as appropriate. This will be recorded on the medication administration form.
- Staff should wear suitable protective equipment if required.
- Parents must be informed that it is their responsibility to inform the school of any changes to the medication or its administration.
- The school will keep appropriate emergency medication, and pupils will carry their own appropriate emergency medication or agreed regular treatment eg Epi-pen, asthma inhalers, insulin injections.

### Storage of Medicines

- This should be kept to a minimum. Where possible medicines should be stored and used at home. Any unused/out of date medicines should be returned to the parent for disposal. It is, ultimately, the parents' responsibility to ensure medicines are provided and in date.
- Those medicines that need to be stored must be in a locked drawer or cabinet. These will normally be stored in one or more of the following places: Medical room or fridge in science department. Place of storage will be recorded on the

parental permission letter. All medicines must be clearly labelled with the child's name, the name of the medication, the dose to be taken.

- If medicine does need to be refrigerated it must be wrapped and in an airtight container. This must be clearly labelled. Access to this fridge must be restricted to members of staff.

### **Administrative Procedures and Meetings**

- Reception and Year 6/7 transition. A member of the schools Pastoral team will make contact with the parents/children who have specific medical needs during Term 6 (June-July). Depending on the nature of the need appropriate meetings will be held to meet the needs of the child.
- If a child has a chronic medical condition that could require medication in school then a health care plan (Appendix 3) should be put in place. This should be completed with the parent, AHoKS, child and school nurse (or specialist nurse). How this information should be shared and who with should be agreed at this meeting. Examples of conditions that this may apply to are: Diabetes, severe allergic reaction (also Appendix 4 to be completed and kept on file), Cystic Fibrosis, epilepsy, severe asthmatics. However it depends on the individual child's needs. If it is unclear if a health care plan is needed the school nurse will be consulted. These must be reviewed annually. (Appendix 2, 5)
- Long term medication administration – a meeting will be held with the parent and child, consent sought and Appendix 2 will be filled out and kept on file and Appendix 1 should be filled out each time it is given
- Short term and intermittent medication – a meeting will be held with the parent and Appendix 2 will be filled in and kept on file. Recording of medication taken should be made on Appendix 7.
- Carrying of own medication – parent should fill out Appendix 5.
- Medical Action Plans (Appendix 6) are used in conjunction with the CMEO or where there is a long term condition, eg ME.

### **Review and Training**

- The guidance, procedures and training will be reviewed annually in term 6 with the designated member of staff. The training needs to be evaluated and planned for the following academic year. Training for Epipen, diabetes, asthma and epilepsy is given annually to supplement the number of staff able to help in an emergency.
- Formal First Aid training will be organised through the designated member of staff with updates carried out as required (*see Appendix 8 – designated staff list*)

<a href="#">Appendix 1</a>	<b>Record of medicine administered to an individual child</b>
<a href="#">Appendix 2</a>	<b>Parental request for the school to administer medication</b>
<a href="#">Appendix 3</a>	<b>Health Care Plan for pupils with medical needs</b>
<a href="#">Appendix 4</a>	<b>Administration of adrenaline in school</b>
<a href="#">Appendix 5</a>	<b>Permission for pupil to carry their own medication</b>
<a href="#">Appendix 6</a>	<b>Medical Action Plan</b>
<a href="#">Appendix 7</a>	<b>Record of medication given to pupils</b>
<a href="#">Appendix 8</a>	<b>Designated Staff at MNSP Home School</b>



**Record of medicine administered to an individual child**

**Name of School:**

**Name of Child:**

**Date medicine provided by parent**

**Class**

**Quantity received:**

**Name and strength of medicine:**

**Expiry date:**

**Quantity returned:**

**Staff Signature:**

**Parent Signature:**

Date:							
Time Given:							
Dose Given:							
Name of member staff:							
Staff Initials:							

Date:							
Time Given:							
Dose Given:							
Name of member staff:							
Staff Initials:							

Date:							
Time Given:							
Dose Given:							
Name of member staff:							
Staff Initials:							

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Date:							
Time Given:							
Dose Given:							
Name of member staff:							
Staff Initials:							



**Parental request for the school to administer medication**

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

**Details of Pupil**

Surname \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Class \_\_\_\_\_

**Medication**

Name/Type of Medication \_\_\_\_\_

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

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

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

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

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Side Effects \_\_\_\_\_

Self Administration \_\_\_\_\_

Emergency Procedures \_\_\_\_\_

Place of Storage \_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_ Relationship to Pupil \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_

and that the school is not obliged to undertake this service.

Signed \_\_\_\_\_ Date \_\_\_\_\_



HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS

Name \_\_\_\_\_

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

Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class/Form \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_ Review Date \_\_\_\_\_

PHOTO

**CONTACT INFORMATION**

**Family Contact 1**

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

Phone No (work) \_\_\_\_\_

(home) \_\_\_\_\_

Relationship \_\_\_\_\_

**Family Contact 2**

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

Phone No (work) \_\_\_\_\_

(home) \_\_\_\_\_

Relationship \_\_\_\_\_

**Clinic/Hospital Contact**

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

Phone No: \_\_\_\_\_

**GP**

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

Phone No: \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (eg before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency (state if different on off-site activities):

Form copied to:

Signature of Parent/Carer

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Signature of School Nurse

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**Administration of Adrenaline in School**

Parental Consent Form for the self-administration by a child, or the administration by a member of staff, of an adrenaline injection in an emergency.

School \_\_\_\_\_

Child's Name \_\_\_\_\_

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

Address \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Parent's Work Tel No: \_\_\_\_\_

Prescribing Dr's Name \_\_\_\_\_ Tel No: \_\_\_\_\_

GP's Name (if different) \_\_\_\_\_ Tel No: \_\_\_\_\_

Hospital (if relevant) \_\_\_\_\_

The above child has been identified as having a severe allergic reaction to:

\_\_\_\_\_

Previous symptoms shown: \_\_\_\_\_

I agree to the trained members of staff listed below administering an adrenaline injection to my child as directed below as the staff consider necessary in the case of a severe allergic reaction when self administration by the child is not possible.

Trained Member of Staff (Names)			
Name of Medicine	Dose	Frequency	Expiry Date

**The emergency ambulance service will then be contacted**

I undertake to update the school with any changes in administration of emergency medication and maintain an in date supply of the medication.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Name (Print) \_\_\_\_\_



Please inform the School Nurse if there are any changes to this information

**Permission for Pupil to carry their own medication**

Pupil's Name \_\_\_\_\_ Class/form \_\_\_\_\_

Address \_\_\_\_\_

Medical Condition \_\_\_\_\_

Medication \_\_\_\_\_

Emergency Procedures \_\_\_\_\_

**Contact Information**

Name 1 \_\_\_\_\_

Daytime Phone No \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name 2 \_\_\_\_\_

Daytime Phone No \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Parent or Carer



**MEDICAL ACTION PLAN**

Name of Pupil	Date of Birth	Year Group	Tutor/Class Teacher

Name of Parents/Carers	Address	Phone Numbers

Is the Pupil Looked After?:	Y/N	SEN level:	Action Plan Chair/ Co-ordinator:
Attendance level:		Number of Broken Weeks:	Number of Continuous Days Absent:

People Invited to Attend	Name (Position)	Tick if Attended	Date of Medical Action Plan	
Pupil			GP consent gained?	Y/N
Parent/Carer			Consent form completed?	Y/N Date:
School Staff			Decision made to authorise absence?	Y/N
School Governor				Date:
EWO			Name of person authorising	
School Nurse			Date of Review	
Other Agencies			Referral to LA/Case Closed	

Medical issues	Medical Evidence provided by	Date and Type of Evidence

Identified Difficulties	Interventions Required	Provided by/Date
Target Attendance Level		



**ATTENDANCE ACTION PLAN (authorised absence)**

Name of Pupil	Date of Birth	Year Group	Tutor/Class Teacher

Notes



**Designated Staff at MNSP Home School**

The following staff are responsible for organising the appropriate training for staff.

<b>Designated Members of Staff</b>	
Beechen Cliff Secondary School	Mr A Davies, Headteacher
Clutton Primary School	Miss E Ennew, Headteacher
Critchill School	Mr M Armstrong, Headteacher
Dundry Primary School	Mrs M Parsons, Headteacher
Farrington Gurney Primary School	Mr D Turull, Headteacher
Hemington Primary School	Ms N DeChastelain, Headteacher
High Littleton Primary School	Mr G Griffiths, Headteacher
Leigh-on-Mendip First School	Mrs L Phillips, Headteacher
Longvernal Primary School	Mrs K Bazeley, Headteacher
Mendip Studio School	Mr B Hain, Headteacher
Midsomer Norton Primary School	Mr A Randell, Headteacher
Norton Hill Secondary School	Mr G Green, Headteacher
Peasedown St John Primary School	Mr D Knollys, Headteacher
Shoscombe Church School	Mrs R Noall, Headteacher
Somervale Secondary School	Ms J Postlethwaite, Headteacher
St Dunstan's Secondary School	Mr K Howard, Headteacher
St John's Primary School	Mrs C Mirams, Headteacher
St Julian's Church School	Mrs R Noall, Headteacher
Trinity Church School	Mrs M Parsons, Headteacher
Welton Primary School	Mr J Snell, Headteacher
Westfield Primary School	Mr S Mills, Headteacher
Writhlington Secondary School	Mr M Everett, Headteacher