

<u>Appendix 1</u>	Record of medicine administered to an individual child
<u>Appendix 2</u>	Parental request for the school to administer medication
<u>Appendix 3</u>	Health Care Plan for pupils with medical needs
<u>Appendix 4</u>	Administration of adrenaline in school
<u>Appendix 5</u>	Permission for pupil to carry their own medication
<u>Appendix 6</u>	Medical Action Plan
<u>Appendix 7</u>	Record of medication given to pupils



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:							

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:							

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 _____

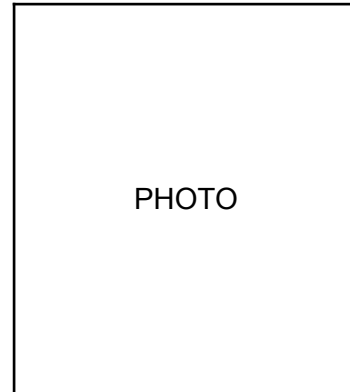
Date of Birth _____

Condition _____

Class/Form _____

School _____

Date _____ Review Date _____



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:

Empty box for describing condition and 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

Signature of School Nurse



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.

Designated Members of Staff	
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