



# MEDICINE IN SCHOOLS AND SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| Ratified by Governors/Principal: | Children, Families and the Community Governor Committee |
| Current ratification date:       | Autumn 2014                                             |
| Review frequency:                | Two years                                               |
| Next review date:                | Autumn 2016                                             |
| Responsibility of:               | Helen Porter                                            |

Freebrough Academy is committed to safeguarding and promoting the welfare of children and young people.

#### **1. NOMINATED STAFF**

Assistant Principal (responsible for Safeguarding and Child Protection) Mrs Helen Porter  
Special Educational Needs Co-ordinator (SENDCo) Miss Jo Wilkinson  
Nominated Governor for safeguarding Mrs Pat White

#### **2. OTHER CONTACTS**

Heads of School (Mr Ray Donnison, Mr Dougie Forteath, Mr Josh Hukin and Mrs Helen Porter)

#### **3. INTRODUCTION**

Parents have the prime responsibility for their child's health and should provide the Academy with information about their child's medical condition. In order to help the First Aider, academic and Pastoral Leaders, the Academy must have a written record of any medical issues that could occur during the Academy day to a student. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician if needed.

There is no legal duty that requires the Academy to administer medicine to students. Trained first aid personnel within the Academy are not permitted to administer any medication to students. Their role is to be the first person on the scene to administer first aid until a professional is able to take over. However, at Freebrough we have nominated staff to administer prescribed medication to students who need long-term medication in the Academy and to those needing prescribed medication for short term use when it is not possible for it to be administered at home. Non-prescribed medication will only be administered to students after contact has been made with parents/carers and authority received.

Staff involved with the administration of medicine will receive appropriate training and support from health professionals. The Public Health Nurse is available for any advice needed for those students who have more complex health needs. All medicines that are to be administered in the Academy will be held in appropriate lockable and fixed storage. Medicines that need to be stored in refrigerators will be held in a lockable box.

All trained first aid personnel will have access to the records containing the student's health care plan (Special Educational Needs Co-ordinator (SENDCo) holds this information and copies are kept in in the main office and provided to teaching staff and available on SIMS).

#### **4. ROLES AND RESPONSIBILITIES**

Medicines should only be taken to the Academy when essential: that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines will only be administered when all of the relevant forms have been completed (see Appendices A - F). No verbal requests will be accepted to change any information provided on the medicine containers.

If prescribed medication is required, the parent/carer will do their utmost to ensure that it is taken before or after the Academy day. Medicine that should be taken three times per day should be taken morning, tea-time and evening. Only if absolutely necessary will the Academy administer medication to a student during the day.

All medication must be in the original container with the name of the student, the dosage and timing clearly legible with no alterations by hand. All medicines should also have any spoons or droppers with them if they are required.

Any medication that is finished or out of date will need to be collected by the parent/carer otherwise the Academy will dispose of it after seven days.

A consent form must be signed for any students wishing to carry medication such as Paracetamol, Ibuprofen or similar products. The medication and all over the counter medicines cannot be kept at the Academy.

A consent form must be signed for any student who needs to carry Epipens and, or, asthma inhalers. Epipens/inhalers should be labelled with the students name and be kept in appropriate storage. Parent/carers must ensure students authorised to carry Epipens/inhalers do so in a safe and accessible manner.

Parents should at all times inform the Academy of any medical condition or change in medical condition that may arise.

- The Academy will keep prescribed medicine in a lockable, non-removable container.
- The Academy will hold a file containing a health care plan for all students who have medical conditions or who require medication.

Students are responsible for asking the nominated member of staff for their medication (where agreed). They are to report at the correct time as agreed and medicines administered will be recorded. If students refuse to take medication at the correct time they cannot be given it later in the day.

#### **4. DEALING WITH MEDICINE SAFELY**

Large volumes of medicine cannot be stored in the Academy. Nominated staff will only store, supervise and administer medicine that has been prescribed for an individual student.

Medicines will be stored strictly in accordance with product instructions, (with particular note to temperature), and in the original container.

Students should know where their own medicines are stored and who holds the key. All emergency medication such as inhalers and adrenaline (Epipens) pens should be readily available to students and should not be locked away.

Only students whose name is on the prescribed medication should be allowed to administer or handle them.

#### **5. PRESCRIBED MEDICINE**

Prescribed medicines that are to be administered during the Academy 'day' should be:

- Brought into the Academy and handed to the nominated member of staff.
- In the original container, bottle or box with the student's name and dosage clearly seen. The Academy will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Accompanied by any spoons, droppers or any other necessary accessories that help with the administration of the medicine.

## **6. CONTROLLED DRUGS**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children e.g. methylphenidate.

Designated staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A student who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the student for whom it has been prescribed.

Controlled drugs should be kept in a lockable non-portable container. Only named staff should have access to these medicines.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Academy procedures will be put into force if this is discovered.

## **8. NON-PRESCRIPTION MEDICINE**

Non-prescribed medication will only be administered to students after contact has been made with parents/carers and authority received. If prescribed medication is to be administered in the Academy, an Appendix C1 must be completed by a parent/carer.

## **9. SHORT-TERM MEDICATION NEEDS**

Many students will need to take medication during the day at some point during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply lotion. By allowing students to do this, it minimises the time that they need to be absent. Prescribed medication that is short term should be collected from the Academy when the course is finished and any medicines that are not collected will be destroyed after seven days.

## **10. LONG TERM MEDICAL NEEDS**

It is important to have sufficient information about the medical condition of any student with long term medical needs. If a student's medical needs are inadequately supported, it may have a significant impact on their experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities and their behavioural or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulty in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious, chronic illness or disability may have on a child and their family.

Section 100 of the Children and Families Act 2014 requires schools to make arrangements to support students with medical conditions so that they can access and enjoy the same opportunities at school as any other child. The statutory guidance Supporting Pupils at School with Medical Conditions April 2014 advises that as some students with medical conditions may be disabled and therefore, the Academy must comply with the Equalities Act of 2010 and if the students have a special educational needs with the Code of Practice of June 2014.

At enrolment, details of medical conditions are advised by parents on the medical/medication form (Appendix A). Advice is then sought from the School nurse to ascertain which students require an Individual Healthcare Plan (Appendix B) and the Assistant Principal for Safeguarding and Child Protection liaises with parents to complete the details of the form. The form is then checked by the School Nurse and the parent and a signed copy is returned to the Academy. The forms are reviewed on an annual basis by the Pastoral Leaders with the parents and if required they are reviewed on a more regular basis, as necessary. The forms are shared with relevant staff and copied onto SIMS so that key staff are aware of the students' triggers and needs.

## **11. SELF-MANAGEMENT**

- It is good practice to support and encourage students, who are able to, to take responsibility to manage their own medicines.
- If students can take their medicines themselves, staff may only need to supervise.
- Students can leave the prescribed medicine at the designated area and it is then their responsibility to seek the medicine at the appropriate time.
- Where students have been prescribed controlled drugs, staff need to be aware that these should be kept safe. However, students can access them for self-medication if it is agreed that it is appropriate.

## **12. USE OF EMERGENCY SALBUTAMOL INHALERS**

- A student may access and use the emergency salbutamol inhaler stored in the main office provided parental consent has been given and the student has been diagnosed with asthma and prescribed an inhaler or who has been prescribed an inhaler as reliever medication.
- The inhaler can be used if the student's prescribed inhaler is not available because it is broken, empty or left at home.
- Students with asthma may only use the emergency inhaler and spacer if parental consent has been received and the student's name appears on the register of students diagnosed with asthma or prescribed a reliever inhaler. A copy of the register is stored with the emergency inhaler and spacers.
- First aiders will check on a monthly basis that the inhaler and spacers are present and in working order and obtain replacement inhalers when the expiry date approaches. They will obtain replacement spacers and ensure that the plastic housing of the inhaler is cleaned and dried after each use. They will give the spacer to the student who has used it after use, to prevent any possible cross-infection.
- The first aiders will ensure that the emergency inhaler is stored at below 30C, protected from direct sunlight and extremes of temperature and is clearly labelled and stored separately from any student's spare inhalers stored in the main office.
- A letter will be sent to parents to inform parents when a student has made use of the emergency Salbutamol inhaler.

## **13. REFUSING MEDICINE**

If a student refuses to take medicine staff should not force them to do so, but should note this in the records and follow agreed procedures. This procedure should be to contact parents and Pastoral leaders the same day.

## **14. EDUCATIONAL VISITS**

- The Academy follows good practice for schools by encouraging students with medical needs to participate in safely managed visits.
- Although parents/carers are required to complete a parental consent form for educational visits that requests medical information on their child, group leaders of visits should not rely solely on their return. To ensure the medical needs of students are met, group leaders will also need to check the records held by the SENDCo prior to the trip and take copies of any student Individual Healthcare Plans with them. Medicines needed should be taken in the lockable box held at reception.
- If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a visit, they should seek parental views and medical advice from the school health service. Parents can be asked if they would like to join the visit.

## **15. SPORTING ACTIVITIES**

- Most students with medical conditions can participate in physical activities and extra-curricular sport.
- Any restrictions on a student's ability to participate in PE will be recorded in their individual health care plan.
- All PE staff should be aware of any students that have an Individual Healthcare Plan by checking the records held by SENDCo and those supplied to them.

## **16. HOME TO SCHOOL TRANSPORT**

- It is the responsibility of the local authority, who provide school transport, to be aware of any student that may need medication or have a medical condition that could endanger the student.
- Drivers and escorts should know what to do in the case of a medical emergency.
- Some students are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat in vehicles.
- All escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

## **17. FIRST AID PROCEDURES**

### **17.1 First Aid in the Academy**

The names of staff able to administer first aid are displayed in the staff room and at student reception.

### **17.2 Illness**

This usually takes the form of the students complaining of "feeling sick", "stomach ache" or "head ache". Staff should be able, in the majority of cases, to monitor and manage the student in their own teaching room.

If the student is sufficiently unwell and, in the Pastoral Leader's judgement, requires sending home then the child should be sent with an explanatory note, to reception, where staff will contact the emergency contact person (number) and arrange for them to be collected.

In the case of medical emergencies where no contact is available, medical services (GP, Brotton Hospital, and Ambulance) will be contacted by the admin office.

Further advice can be sought from the qualified First Aiders.

The following are classed as first aid:

- Bleeding
- Burns
- Chest injury
- Choking
- CPR
- Crush injuries
- Diabetes
- Epilepsy
- Eye injury (if there is an object in the eye)
- Fainting
- Fractures
- Frostbite
- Head injuries
- Heart attack
- Heat exhaustion/heat stroke
- Hyperventilation
- Hypothermia
- Internal bleeding
- Poisoning
- Shock
- Spinal injury
- Sprains and strains
- Stroke
- Unconsciousness

The following are not first aid:

- Headache
- Stomach ache
- Feeling sick
- Eye that is watering
- Bruises
- Earache
- Any symptom that is NOT the result of something that has happened in academy time

## **18. ACCIDENTS AND EMERGENCY**

In an emergency the general office should be contacted and an ambulance called for. Note that if hospital treatment is required an ambulance should always be requested and immediate contact made with parents or other emergency contact. All accidents should be entered in the Accident Report Book located at student reception.

### **Academy Emergency Procedures**

Emergency procedures are available at main points in the academy (e.g. reception, admin office).

If anyone should become ill or suffer injury as a result of an accident the procedures below should be followed. **If there is the slightest doubt as to the severity of the injury/illness then an ambulance should be requested through student reception or the general office who should call 999 making the appropriate request.**

1. First aid should be rendered, but only as far as knowledge and skill permit. The patient should be given all possible reassurances and, if absolutely necessary, removed from danger. Accidents of a minor nature e.g. simple cuts and grazes which require nothing more than simple cleaning should be dealt with by the member of staff responsible for First Aid. The First Aid boxes for the treatment of minor injuries are located in the First Aid room and General Office.
2. If a student is involved in any mishap or altercation and complaining of pain to a member of staff, even if there is no visible sign of injury, the member of staff must refer them to a qualified First Aider. If the student refuses to be referred the emergency contact must be informed and the decision regarding administration of first aid taken by them.
3. All staff and students should be aware of the location of first aid equipment and the identity of those who have been trained in first aid. If circumstances necessitate, a trained First Aider should be summoned immediately to tend to the casualty.
4. If the injury is of a more serious nature then a qualified First Aider should be contacted so that the necessary treatment/stabilisation can take place.
5. Transport to hospital: if an ambulance is required the emergency “999” service should be used. Parents should be informed and, wherever possible, no casualties should be allowed to travel to hospital unaccompanied if there is any doubt about their fitness to do so.
6. Accident Report: as soon as possible after the incident, every case of injury or accident must be reported fully and accurately in the accident book and, where possible, detailed statements should be obtained from witnesses. The accident book must be completed for all accidents, (to employees, students, members of the public) however minor. The accident book is located on student reception.
7. If the accident was caused by unsafe equipment, furniture or procedures then the Principal, Director of Finance and Corporate Services and Estates Manager should be informed as to the nature of the hazard.

It is the responsibility of everyone to make these arrangements work. This will ensure, as far as is reasonably practicable, that working conditions are safe and that the academy life of everyone is accident free.

Any member of staff noticing a failure to comply with this statement of organisation and arrangements, or other advice and guidance issued by the Principal or a member of the Senior Leadership Team (SLT) in pursuance of the safety policy should immediately report the circumstances to the Principal or a member of the SLT. Hazardous situations should be reported immediately.

## 19. CONTACTING THE EMERGENCY SERVICES

Dial 999, ask for ambulance and be ready with the following information remembering to speak clearly and slowly and be ready to repeat information if asked:

- Your telephone number;
- Give your location as follows: Freebrough Academy, Linden Road, Brotton, Saltburn-by-the-Sea, TS12 2SJ;
- Give exact location in the Academy;
- Give your name;
- Give the name of the child and a brief description of their symptoms;
- Inform ambulance control of the best entrance and state that the crew will be met and taken to the location.

## 20. LIST OF APPENDICES AND WHEN THEY SHOULD BE USED

|                    |                                                                                                                                                                                                                                                                                                                                                              |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Appendix A</b>  | <b>Letter and medical/medication form:</b><br>This form must be completed by parent/guardian for all students on entry to the Academy and updated annually/as necessary.                                                                                                                                                                                     |
| <b>Appendix B</b>  | <b>Health Care Plan:</b><br>This form must be completed by the appropriate member of Academy staff for any student who has a serious health issue or takes any long term medication.                                                                                                                                                                         |
| <b>Appendix C1</b> | <b>Parental agreement for the Academy to administer medicine:</b><br>This form must be completed by parent/guardian if a student needs to take prescribed medication during the Academy day.                                                                                                                                                                 |
| <b>Appendix C2</b> | Record of Medication: All students                                                                                                                                                                                                                                                                                                                           |
| <b>Appendix D</b>  | <b>Record of medication brought into the Academy:</b><br>This form must be completed by the appropriate member of Academy staff to record medication brought into the Academy. A separate form is completed for each student.                                                                                                                                |
| <b>Appendix E</b>  | <b>Request for student to carry his/her own medicine:</b><br>This form must be completed by parent/guardian if a student needs to carry an EpiPen and or, an inhaler.                                                                                                                                                                                        |
| <b>Appendix F</b>  | <b>Individual Epilepsy plan:</b><br>This form needs to be completed by parent/guardian to instruct appropriate staff of individual student needs with epilepsy.                                                                                                                                                                                              |
| <b>Appendix G</b>  | <b>Consent form: Use of Emergency Salbutamol Inhaler</b><br>This form needs to be completed by parent/guardian to confirm that the student is diagnosed with asthma or has been prescribed an inhaler, and is permitted to use the Emergency Salbutamol inhaler if the student has symptoms of asthma and their own inhaler is not available or is unusable. |
| <b>Appendix H</b>  | <b>Letter to inform parents of Emergency Salbutamol Inhaler use.</b><br>This letter will be sent to the parents of a student who has used the Emergency Salbutamol inhaler                                                                                                                                                                                   |

Chair of the Governing Body

Principal

Review Date

Insert date

**Appendix A (part 1)**

Dear Parent/Carer

**RE: MEDICINE IN SCHOOLS**

It is important that we as an Academy take every effort to ensure your child is safe during the Academy day. The Academy has a team of first aiders who are on call to attend students who have minor problems.

However, it is helpful to have prior knowledge of any students who have medical problems that require more than first aid, such as panic attacks or asthma. I am asking all parents/carers to complete the attached forms and return them to the Academy. Please return the forms even if your child has no medical problems or does not need to take medication writing on 'none required'.

To allow prescribed medicines to be administered during the Academy day, the parent/carers must complete the form - *Parental agreement for the Academy to administer medicine*.

All prescribed medicines must be sent into the Academy in the original box/container with the name of the child, the dosage and timing clear to see with no alterations by hand. Any spoons or droppers will also need to be provided. For medicines prescribed three times daily, this should, wherever possible, be before Academy, after Academy and evening. Only if necessary will medication be administered during the Academy day. When the course of medication is complete, any remaining medication will need to be collected by the parent/carers.

The Academy is unable to hold or administer non-prescription medicine. Non-prescription medicine must not be carried by students and any student needing to take medication such as paracetamol must do so at home.

The Academy has a medicine in schools policy that details procedures, roles and responsibilities. A copy is available upon request.

Please contact me if you have any queries.

Yours sincerely

Office Manager

## Appendix A (part 2)

Freebrough Academy  
Medical/Medication Information

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tutor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number \_\_\_\_\_

Doctors name and  
address \_\_\_\_\_

\_\_\_\_\_  
Telephone number \_\_\_\_\_

### Emergency contact names and numbers (1 must be a contact number we can contact at all times)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Tel. no. \_\_\_\_\_ Tel. no. \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Tel. no. \_\_\_\_\_ Tel. no. \_\_\_\_\_

### Medication (long term) – to be taken in Academy:

|                     |  |
|---------------------|--|
| Type                |  |
| Strength            |  |
| Dosage              |  |
| Time of day         |  |
| Side effects if any |  |

**Medical problems:** Please circle the following if your child has any of these medical conditions:

|        |                         |          |          |
|--------|-------------------------|----------|----------|
| Asthma | Anaphylaxis (allergies) | Diabetes | Epilepsy |
| Eczema | ADHD                    | Migraine | Other    |

Clearly explain the medical problem, if the student needs medication at Academy and who to contact in an emergency.

Please list below any other medical problems you think we should know about and what we could do to help in such situations.

I confirm that the above information is correct. I will inform the Academy in writing if there is any change in circumstances or medical condition.

Signature \_\_\_\_\_  
(Parent/Carer)

Date \_\_\_\_\_

Print name \_\_\_\_\_

Relationship \_\_\_\_\_

## Freebrough Academy: Individual healthcare plan

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

Freebrough Academy

### Family Contact Information

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

### Clinic/Hospital Contact

Name  
Phone no.

### G.P.

Name  
Phone no.

Who is responsible for providing support in school

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

|  |
|--|
|  |
|--|

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

|  |
|--|
|  |
|--|

Daily care requirements

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

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|--|

Arrangements for school visits/trips etc

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Other information

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|  |
|--|

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

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|--|
|  |
|--|

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

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|--|
|  |
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Plan developed with

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Staff training needed/undertaken – who, what, when

|  |
|--|
|  |
|--|

Form copied to

|                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IHP file Office and SEN, School Nurse and support member. SIMS attached document and student's teachers. Summary advice in staff room and staff work rooms.                                                                                                    |
| Signed for Academy representatives:<br>Date:                                                                                                                                                                                                                   |
| Parent/carer signature:<br>Date:<br><br>I understand that by signing this document I agree to the school sharing the contents of this plan and associated plans with other parties/agencies to ensure that we are provided with the most appropriate services. |
| Medical Professional signature:<br><br>Position held:<br><br>Date:                                                                                                                                                                                             |

## Medication Permission and Record: Individual Student

Name of school/setting

Freebrough Academy

Child's name

Group/class/form

Other information

### Medication Information

Date medication provided by parent

Name of medication

Dose and method (how much and how to be taken)

When is it taken (time of day)

Quantity received

Expiry date

Date and quantity of medication returned to the parent

Staff signature:

Print name:

Parent signature:

Print name:

Contact number:

|                 |  |  |  |  |
|-----------------|--|--|--|--|
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |
| Date            |  |  |  |  |
| Dose Given      |  |  |  |  |
| Time Given      |  |  |  |  |
| Staff Signature |  |  |  |  |
| Staff Initials  |  |  |  |  |
|                 |  |  |  |  |

[illegible]

Freebrough Academy  
Record of Medication Administered/Brought into the Academy

RECORD OF MEDICINE/S ADMINISTERED

Name of school/setting: -----

Child's Name: -----

Quantity received  
No. Of doses/volume: \_\_\_\_\_  
Date received: \_\_\_\_\_  
Quantity returned: \_\_\_\_\_  
Date returned: \_\_\_\_\_

| Date | Time | Name and strength<br>of Medicine | Dose given | Comments | Signature of staff | Witnessed & checked<br>by<br>(signature of staff) |
|------|------|----------------------------------|------------|----------|--------------------|---------------------------------------------------|
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |
|      |      |                                  |            |          |                    |                                                   |

## Appendix E

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Freebrough Academy<br>Request for student to carry his/her own medicine (Epipens and inhalers only) |
|-----------------------------------------------------------------------------------------------------|

This form must be completed by parent/carer:

(If staff have any concerns discuss this request with health care professionals)

Name of school/setting: .....

Child's name: .....

Group/class/form: .....

Name of medicine: .....

**I would like my son/daughter to keep his/her Epipens/inhaler with him/her for use as necessary. Epipens/inhalers will be labelled with my son/daughter name and be kept in appropriate storage. My son/daughter will ensure students authorised to carry Epipens/inhalers do so in a safe and accessible manner.**

Signature of Parent/carer: .....

Signature of Student: .....

Date: .....

If more than one medicine is to be given a separate form should be completed for each one.

## Appendix F

|                                                |
|------------------------------------------------|
| Freebrough Academy<br>Individual Epilepsy Plan |
|------------------------------------------------|

|                |  |
|----------------|--|
| School/setting |  |
| Childs Name    |  |
| Date of Birth  |  |

|                         |  |
|-------------------------|--|
| Emergency Contact       |  |
| Name:                   |  |
| Relationship with child |  |
| Phone Number            |  |

|                                                     |
|-----------------------------------------------------|
| ARE THERE ANY TRIGGERS OR WARNING PRIOR TO SEIZURE? |
|-----------------------------------------------------|

|                                |
|--------------------------------|
| DESCRIPTION OF USUAL SEIZURES: |
|--------------------------------|

|                                 |  |
|---------------------------------|--|
| Frequency of seizures (specify) |  |
|---------------------------------|--|

### USUAL CARE DURING A SEIZURE

- Observe time at start of seizure
- Stay with ..... and reassure them
- Summon help
- Protect head from injury
- Maintain privacy and dignity
- Other care .....

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| <b>Emergency Care/Medication:</b>                                                               |
| (Please write name of medication and individual action i.e. when to give, when to repeat dose). |

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hour period.

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <p>POST SEIZURE</p> <p><b>Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).</b></p> |
|----------------------------------------------------------------------------------------------------|

PLACE IN RECOVERY POSITION IF SLEEPY

## CONSENT FORM

### USE OF EMERGENCY SALBUTAMOL INHALER

#### FREEBROUGH ACADEMY

#### **Child showing symptoms of asthma/ having an attack**

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler ; clearly labelled with their name, which they will bring with them to the Academy every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the Academy for such emergencies.

Signed:

Date:.....

Name (print) .....

Child's name.....

Tutor Group.....

Parent's address and contact details:

.....

.....

.....

Telephone: .....

Email: .....

Child's name:.....

Tutor Group: .....

Date: .....

Dear .....

(Delete as appropriate)

This letter is to formally notify you that .....has had problems with his/  
her breathing today. This happened when .....

They did not have their own asthma inhaler with them, so a member of staff helped them to use the  
emergency asthma inhaler containing Salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your son/ daughter seen by  
your own doctor as soon as possible.

Yours sincerely,