



# **Wigston Academies Trust**

## **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY**

Original Policy date:

Next Review Date:

Date Approved by Directors:

Signed by Chair of Directors:

## **Introduction:**

On 1 September 2014 a new statutory duty that requires governing bodies to make arrangements to support pupils at school with medical conditions, came into force. Section 100 of the **Children and Families Act 2014 places a duty on the** governing bodies of academies to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the Directors **must** have regard to the guidance issued by the Secretary of State under this Section.

This policy is a statement of the aims, principles and strategies for dealing with children with medical needs who require medication to be administered while at school or involved in school controlled activities off site or for children who require medication for short periods of time. This policy sets out the steps we will take to ensure full access to learning and school life for all our children that require medication.

Parents of children with pupils with long-term and/or complex medical conditions can often be concerned that their child's health and wellbeing could deteriorate when they attend school. These concerns are frequently based around the fact that whilst at school in order to help these children manage their condition and to keep them safe and well they may require on-going support, administration of medicines, regularly monitoring and they may even require interventions in emergency circumstances.

It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In order to help schools make the decisions about the support they provide they should establish relationships with both the parents and the relevant local health services. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, which can often be lengthy, also need to be effectively managed and appropriate support put in place in order to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Wigston Academy SEN code of practice.

## **Aims:**

Wigston Academies Trust will strive to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Wigston Academies Trust is committed to reducing barriers to sharing school life and learning for all pupils.

## Roles and Responsibilities:

- **The Directors**- will make arrangements to support pupils with medical conditions in school, including making sure that their policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Directors will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- **The Headteacher/nominated SLMT** – will ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The nominated SLMT will ensure that all staff who need to know, are aware of the child’s condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- **School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **School nurses** - every school has access to School Nursing Services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- **Other healthcare professionals**, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).
- **Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other pupils will often be sensitive to the needs of those with medical conditions.

- **Parents** – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. They should co-operate fully with the school to ensure the best outcomes for their son/daughter.
- **Local authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners i.e. the Directors of an academy, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- **Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- **Ofsted** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

### **Staff training and support:**

- School staff providing support to a pupil with medical needs should receive suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained and should ensure this remains up-to-date.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual

healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Healthcare professionals or the school nurse will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- The school will set out arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views through the questionnaire and generation of the Individual Health care Plan They should provide specific advice, but should not be the sole trainer.

#### **The child's role in managing their own medical needs:**

- After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.
- Wherever possible and appropriate, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self- manage, then relevant staff will help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

#### **Managing medicines on school premises:**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken and parental consent has been given.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Only accept prescribed medicines that are in-date, labelled appropriately including the pupil's name and details, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage will be administered. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump (e.g. Epi-Pen), rather than in its original container.
- All medicines should be stored safely by the appropriately designated person. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff to have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. However, administering medicines should be carried out in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- In line with the relevant Act of Parliament (October 2014) Wigston Academies Trust will hold spare salbutamol inhalers for use in cases of emergency. These said metered dose salbutamol inhalers will only be available to children who already have been prescribed this medication by their doctor. Please see appendix A&B for more information.
- When no longer required, medicines should be returned to the parent to arrange safe disposal.

### **Record keeping:**

- Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

### **Emergency procedures:**

- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day trips, residential visits and sporting activities:**

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. When planning 'activities' arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Reasonable adjustments should be considered to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Other issues for consideration:**

- Home to school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This is essential in developing transport healthcare plans for pupils with life threatening conditions;
- Asthma inhalers –schools are now able to hold Salbutamol asthma inhalers for emergency use. These can only be made available for those children who have been proscribed a Salbutamol asthma inhaler.

### **Unacceptable practice:**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion,
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable; (Normally a sick child will be sent to the Library with a 'friend'. In severe cases a child would remain in situ and a first-aider would attend and take charge of the situation)
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

- no parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and indemnity:**

- The Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. (See Business manager for details.) Also ensure insurance arrangements are in place which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.
- Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.
- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

### **Complaints:**

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## Examples of Medical Conditions where support may be necessary:

- **AIDS** anti immune deficiency syndrome – HIV+
- **Asthma** - is an inflammation of the lungs small breathing tubes (bronchioles)
- **Allergies** – negative reaction to external stimuli; many forms.
- **Anaphylaxis** - is an emergency situation that requires an adrenaline shot to be effective and prevent all the systems in the body shutting down, including the nervous, respiratory, and cardiovascular/circulatory systems.
- **Broken Bones** - a temporary situation which may impair a pupil's ability to function or limit their involvement in all school activities.
- **Cancer** - Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer is not just one disease but many diseases. There are more than 100 different types of cancer.
- **Cerebral palsy** - a condition marked by impaired muscle coordination (spastic paralysis) and/or other disabilities, typically caused by damage to the brain before or at birth.
- **Congenital degeneration** – a variety of conditions, some extremely severe
- **Cystic Fibrosis** - hereditary disorder affecting the exocrine glands. It causes the production of abnormally thick mucus, leading to the blockage of the pancreatic ducts, intestines, and bronchi and often resulting in respiratory infection.
- **Diabetes** - (type 1 and 2) - is an incurable condition in which the body cannot control blood sugar levels, because of problems with the hormone insulin.
- **Eczema** is a skin condition where skin is dry and itches, and is spread by scratching and overheating, sometimes becoming infected and is linked to asthma and allergies.
- **Epilepsy** - a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.
- **Heart Disease/Condition** – a variety of diseases and causes which can be debilitating.
- **Kidney Disease** - Renal failure (also kidney failure or renal insufficiency) is a medical condition in which the kidneys fail to adequately filter waste products from the blood
- **Lupus** - is an autoimmune disease that can affect almost any part of your body, most often your joints, skin, kidneys, heart, lungs, blood, or brain
- **Mental Illness** - **Mental illness** refers to a wide range of mental health conditions e.g. anxiety-disorders that affect your mood, thinking and behaviour.
- **Multiple Sclerosis** - is a disease that affects the brain and spinal cord, resulting in loss of muscle control, vision, balance, and sensation.
- **Recovery from an accident** – rehabilitation and physiotherapy may be required
- **Rheumatoid Arthritis** - a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and immobility, especially in the fingers, wrists, feet, and ankles.
- **Sickle Cell Anaemia** - a severe hereditary form of anaemia in which a mutated form of haemoglobin distorts the red blood cells into a crescent shape at low oxygen levels. It is commonest among those of African descent.

Dear (PARENT),

As you may be aware an Act of Parliament has recently come in to force that now allows some educational establishments to hold spare salbutamol inhalers for use in cases of emergency. This type of inhaler is often known by the brand name and you may know it as a Ventolin inhaler.

In line with this update Wigston Academies Trust now has a small number of "emergency inhalers" available. Please note that we can only hold metered dose inhalers (otherwise known as aerosol inhalers) that deliver a standard dosage.

These said metered dose salbutamol inhalers will only be available to children who already have been prescribed this medication by their doctor.

They will only be used under the supervision of first aid trained staff and you will always be contacted afterwards if your child has needed to make use of them.

In order to maintain high levels of hygiene these inhalers will be used via a "spacer" which will be thoroughly cleansed between uses.

In order for us to be able make use of these "emergency inhalers" with your (SON/DAUGHTER -CHILD'S NAME) if the need were to arise, please complete and return the attached form.

If your child needs to make use of a different type of inhaler whilst at school, eg a dry powder inhaler, then please contact the school in order to arrange for a spare to be stored in school in case of an emergency.

If you have any concerns over this matter please do not hesitate to contact

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Thank you for your support with this matter.

## Emergency Inhaler Consent Form.

This consent form gives us your permission to administer a PRESCRIBED DRUG to your child in the event of an emergency. As such we ask that you read the form carefully and then Print and Sign your name in the two spaces below.

Child's name -:  _____	<u>Date of Birth</u>  	<u>Tutor Group</u>  
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I hereby confirm that the above child has been prescribed a METERED DOSE SALBUTAMOL INHALER by their doctor.

Print Name -: \_\_\_\_\_

Signature -: \_\_\_\_\_

Please indicate below if you are -:  
Parent / Carer /Guardian / Other\*

\*Please state \_\_\_\_\_

I hereby give my permission for a METERED DOSE SALBUTAMOL INHALER to be administered to the above child by Wigston Academies Trust staff in the case of an emergency.

Print Name -: \_\_\_\_\_

Signature -: \_\_\_\_\_

## **Supporting Pupils with Medical Conditions (November 2015)**

Dear Parent/Persons with Parental Responsibility,

On 1 September 2014 a new statutory duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. Wigston Academies Trust will continue to strive to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they are given the opportunity to play a full and active role in school life, remain healthy and achieve their academic potential. We are committed to reducing barriers to sharing school life and learning for all pupils.

A copy of the whole school policy and procedures is available via the 'Policies' section of our school website or in printed form on request.

Our records indicate that your son/daughter has a medical condition which may necessitate our support whilst at school or whilst taking part in an educational visit, school trip or sporting event. Please read the enclosed forms and complete them so that we may update our records and help us to provide the support which your son/daughter may need.

All documentation and information you provide will be held in strict confidence and will only be available to those persons who need to know.

When the forms have been completed, please return them in the enclosed addressed envelope to the front office (Reception).

Yours sincerely,

Headteacher

## Wigston Academies Trust: Individual healthcare plan

Child's name	
Tutor Group	
Date of birth	
Child's address	
Date	
Medical condition and diagnosis	
Review date	

### **Family Contact Information**

Name	
Phone no. (Work)	
Phone no. (Home)	
Phone no. (Mobile)	
Relationship to child	
Name of second contact	
Phone no. (Work)	
Phone no. (Home)	
Phone no. (Mobile)	
Relationship to child	

### **Clinic/Hospital Contact**

Name	
Phone no.	

### **G.P.**

Name	
Phone no	

Who is responsible for providing support in school and position	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.


Name of medication			
Dosage			
When to be taken			
Side effects, contra-indications			
self-administered or administered by		administered with or without supervision.	

Daily care requirements – where applicable


Specific support for the pupil's educational, social and emotional needs – where applicable


Other relevant information – where applicable


Describe what constitutes an emergency for your child and the action to take if this occurs


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

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Arrangements for school visits/trips etc

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

**A copy of this completed form should be kept with the child's personal record**

Wigston Academies Trust:  
Parental agreement for setting to administer medicine

Wigston Academies Trust has a policy whereby appropriately trained staff can administer medicines.

However, the staff at Wigston Academies Trust will not give your child medicine unless you complete the form below.

**NB: Medicines can now only be given to the children if they are in the original container as dispensed by the pharmacy.**

**Child's Information**

Child's name	
Tutor Group	
Date of birth	
Child's address	
Date	
Medical condition and diagnosis	
Review date	

**Medicine**

Name of medication			
Expiry date			
Dosage and method			
When to be taken			
Special precautions/other instructions			
Side effects, contra-indications			
Self-administered or administered by		administered with or without supervision.	
Procedures to take in an emergency			

## Family Contact Information

Name	
Address	
Phone no. (Work)	
Phone no. (Home)	
Phone no. (Mobile)	
Relationship to child	
Name of second contact	
Phone no. (Work)	
Phone no. (Home)	
Phone no. (Mobile)	
Relationship to child	

I hereby confirm that the above information is accurate at the time of writing.

Print Name-: \_\_\_\_\_

Signature -: \_\_\_\_\_

Please indicate below if you are -:  
Parent / Carer / Guardian / Other\*

\*Please state  
\_\_\_\_\_

I hereby give my consent for appropriately trained Wigston Academies Trust staff to administer medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Print Name -: \_\_\_\_\_

Signature -: \_\_\_\_\_

Date -: \_\_\_\_\_

Wigston Academies Trust:  
Record of medicine administered to an individual child

Name of child	
Tutor Group	
Name and strength of medicine	
Dose and frequency of medicine	
Expiry date	
Date medicine provided by parent	
Quantity received	
Quantity returned	
Staff Name -: _____	
Signature -: _____	
Parent Name -: _____	
Signature -: _____	

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

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

**Record of administered medicine to an individual child (continued)**

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Date	
Time	
Dose given	
Staff Name -: _____	
Signature -: _____	

Wigston Academies Trust:  
Staff Training Record - Administration of Medicines

Name	
Support staff / Teacher	
Type of training received	
Date training was completed	
Training provided by-: including profession and title	

I confirm that ..... [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment.

I also recommend that the training is updated by ...../...../.....

Print Name -: \_\_\_\_\_

Signature -: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Print Name -: \_\_\_\_\_

Signature -: \_\_\_\_\_

Date -: \_\_\_\_\_

Suggested review date .....



