



Form 1

Contacting Emergency Services

Request for an Ambulance

Press 9 for an outside line.

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number:
01904 552910
2. Give your location as follows:
Dunnington Primary School, Pear Tree Lane, Dunnington ,York
3. State that the postcode is: YO19 5QG
4. Give exact location of the child in the school:

5. Give your name: _____
6. Give name of child and a brief description of child's symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone



Form 2 Individual Health Care Plan

Name of school

Dunnington CE Primary School

Child's name

Group/class/form

Date of birth

/ /

Child's address

Medical diagnosis or condition

Date

/ /

Review date

/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Form 2 continued

Describe medical needs and give details of child's symptoms

Daily care requirements (*eg before sport/at lunchtime*)

Medicine is stored in: _____

Medicine will be administered by: _____

Form 2 continued

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

Are there any special religious and/or cultural beliefs which may affect any medical needs?

Follow up care

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

Form copied to

School records (electronic database)
Pupil file
Parents/carers
Others...



Form 3

Parent/carer agreement for school to administer prescribed medicines or paracetamol.

The school will not give your child medicine unless you complete and sign this form.

Name of school/setting	Dunnington CE Primary School
Name of child	
Date of birth	/ /
Class/	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	
Dosage and method:	
Timing:	
Special precautions	
Date dispensed:	Expiry date:
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency:	
Self administration:	
Planned review date:	

Person to initiate review:
Contact Details:
Name:
Daytime telephone no.
Relationship to child:
Address:
<i>I will deliver the medicines personally to:</i> _____ OR
<i>I have school permission for my son/daughter to carry their own medicine to school</i> _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy

Parent/carer's signature _____

Print name _____ Date _____

Surplus/unused medicines:

The following quantity _____ of the above medicine was collected by:

Name: _____

Signed: _____

Date: _____

The above medicine was not collected. It was taken to _____

Chemist for safe disposal. Date: _____ Initial: _____



Form 4

Head teacher agreement to administer medicine

Name of school

Dunnington CE Primary School

It is agreed that the school office staff will receive medicine in school as stated in Form 3.

The arrangements for dosage, frequency and supervision are detailed on Form 3.

This arrangement will continue until either the end of the course or until notified by parents.

Any changes to dosage will only be made in accordance with instructions on the dispensed container or written instruction from a doctor.

Date _____

Signed _____

Caroline Hancy
Headteacher

A copy of this Document should be kept in the child's school record and archived along with the record.

This record should be kept in accordance with City of York Council guidance on document retention.



Form 5

Record of medicine administered to an individual child

Name of school	Dunnington CE Primary School
Name of child	
Class	/ /
Name and strength of medicine	
Dose and frequency of medicine	
Expiry date	
Date medicine provided by parent/carer	/ /
Quantity received	
Quantity returned	

Staff signature: _____

Signature of parent/carer: _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			



Record of medicine administered to an individual child (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			



Form 6: Record of medicines administered to all children

Date _____ Child's name _____ Time _____ Name of _____ Dose given _____ Any reactions _____ Signature _____ Print name _____
 Name of school Dunnington CE Primary School any other _____ of staff _____

/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



FORM 7

Request for child to carry his/her medicine during the school day

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

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

Signed: _____ Date: _____

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



Form 8 - Staff training record – administration of medicines

Name of school

Dunnington CE Primary School

Name

Type of training received

Date of training completed

Training provided by

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 recommend that the training is updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Form 9

Authorisation for the administration of rectal diazepam

Name of school/setting

Dunnington CE Primary School

Child's name

Date of birth

/ /

Home address

G.P.

Hospital consultant

should be given Rectal Diazepam mg.

If he has a *prolonged epileptic seizure lasting over minutes

or

*serial seizures lasting over minutes.

An Ambulance should be called for *

or

If the seizure has not resolved *after minutes.

(*please enter as appropriate)

Doctor's signature _____

Parent/carer's signature _____

Date _____

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child, this will be documented in the Individual Health Care Plan following advice from relevant outside agencies (the child's GP, Consultant and/or Epilepsy Specialist Nurse) This should be reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned. Records of administration should be maintained using Form 5



Form 10

Dunnington CE Primary School

Medicines In Schools: A Parent's Guide

A copy of the Managing Medicines in School Policy, which outlines Dunnington CE Primary School's practices and procedures relating to administering medicines, is available on request.

This handout aims to inform you of your responsibilities with regard to supporting this policy in school.

- **Medication will not be accepted without complete written and signed instructions from the parent/carer.**
- Medicines should only be brought into school when essential, i.e. where it would be detrimental to your child's health if the medicine were not administered during the school day.
- **Paracetamol is the only non-prescribed pain-relieving drug which will be purchased and supplied by the school and given to pupils, with parental consent.**
- Medicines must be handed to office staff in the containers in which they were supplied. Only a reasonable amount of medicine should be handed in at any one time.
- Medicine containers should be clearly labelled with:
 - the child's name,
 - the name of medicine,
 - dosage and frequency
 - date of dispensing
 - storage instructions
 - and expiry date
- School will not accept unlabelled items of medication.
- School can only follow the instructions on the bottle/packet. Changes to dosage can only be made in accordance with instructions on the dispensed container **or** written instruction from a doctor.
- Unused medicine must be collected and taken home when requested.
- Parents must appreciate that, whilst staff will try their utmost to ensure that prescribed medicine is administered at the times requested (in accordance with the instructions on the container), this cannot be guaranteed.

Other ways in which you can support school are:

- Make sure your child is fit and well enough to attend school.
- Provide full details, in writing, of any health problems he/she may have. Keep the school informed of any changes.
- Provide full written details of any special religious and / or cultural beliefs which may affect any medical care that the child receives, particularly in the event of an emergency.
- All information should be provided as soon as possible, to allow the school sufficient opportunity to plan and prepare how they can meet your child's needs.
- Make every effort to attend meetings requested by the school and cooperate in drawing up the Individual Health Care Plan (if applicable).
- Ensure the school has a telephone number where you can be contacted in emergency. Have you changed your mobile phone?

Thank you in anticipation for noting your responsibilities and helping us maintain the health and safety of all pupils in our care.



DUNNINGTON C.E. PRIMARY SCHOOL

Pear Tree Lane

Dunnington

York YO19 5QG

Tel 01904 552910

dunnington.primary@york.gov.uk

www.dunningtonprimary.co.uk

Headteacher: Caroline Hancy

head.dunningtonprimary@york.gov.uk

Dear Parent/Carer,

The school has recently updated the policy for 'Managing Medicines in School'. This policy is reviewed annually and a full copy of the policy is available on request from the school office or can be viewed on the school website.

However I would like to draw your attention in particular to the following section:-

3.Non-prescribed Medicines

*Dunnington CE Primary School discourages the use of non-prescribed medication but if medication is required, eg for headache, toothache or period pains, **pain relief in the form of paracetamol** may be administered by the Headteacher or other volunteer members of staff who are willing to be involved.*

The administration of a non-prescribed medicine must¹ be in accordance with the school's policy, for which specific prior written agreement with parents is necessary.

Paracetamol is the only non-prescribed pain-relieving drug which will be purchased and supplied by the school and given to pupils, with parental consent.

Parents/carers will be informed of the school's policy and must give (or withhold) their consent in writing to the administration of paracetamol according to the policy, when their child is admitted to the school.

Paracetamol may be given in either liquid or tablet form, in a dose appropriate to the pupil's age according to the instructions on the container. If the paracetamol is purchased and supplied by the school, only one dose may be given during the school day. If a pupil makes a second request, the Headteacher should reconsider whether the pupil is well enough to remain in school and consult with parents/carers regarding further dosages.

The storage and administration of paracetamol should be in accordance with the advice given relating to prescribed medication.

In addition, prior to administration the member of staff should ensure that:

- *The medication has not passed its expiry date*
- *The pupil has not taken any other medication within the last six hours.*

If there is any doubt, medication should not be administered.

It is important to record the name of the pupil and the time and date of administration for each dose of paracetamol that is given.

There is no legal duty which requires school staff to administer medicines; it is purely a voluntary role. However we are committed to reducing barriers to participation in activities and learning experiences and feel this step may reduce the number of children needing to be sent home for relatively minor ailments. We will of course, endeavour to notify you prior to administration and will always send home a note informing you when paracetamol has been given to your child.

The attached form will normally be completed when a child is admitted to the school but to ensure that our records are accurate we would like this completing for every child currently on the school roll.

As the policy has been approved by the governing body, it will take immediate effect however, we will not administer paracetamol until we receive your written permission.

Please complete the attached form and return it to school as soon as possible.

As always, please don't hesitate to contact me if you require further information.

Yours sincerely,



Caroline Hancy

Valid from: February 2014

Name of School : Dunnington CE Primary School

Name of Child:

Date of birth:

Current class:

Please delete as appropriate

I give permission for the school to administer paracetamol.

I do not give permission for the school to administer paracetamol.

Signed: _____ (Parent/Carer)

Date: _____

Form 12 Self Audit Checklist for Headteachers

Question	Yes/ No/ N/A	Comments/actions
Are you familiar with the CYC Managing Medicines in York schools, Early Years and Out of School Settings		
Do you have a record of all children that require medication in school?		
Are you familiar with Appendix A Pathway to Access Awareness Raising and Pupil Specific Training?		
Is your insurance cover adequate?		
Do you have a secure storage area for drugs?		
Do you have a drugs misuse policy?		
Do you have a clear recording/reporting system for administering medication? (Appendix C)		
Are your systems reviewed regularly?		
Are your communication systems for advising staff of children with medical needs adequate?		
Are children with medical needs considered in your emergency planning?		
Have you identified procedure for including all pupils in trips and work experience safely?		
Have you a clear record of any children whose special religious or cultural beliefs affect their medical care?		