



## **Supporting/Managing Pupils with Medical Needs and The Administration of Medicine Policy**

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Position:	Headteacher
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Next Review:	September 2022

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## 1. Introduction

This Policy is written in line with Statutory Guidance. This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

Students with medical conditions should be properly supported so that they can play an active part in school, remain healthy and able to achieve their academic potential, with full access to education and the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes.

This Policy should be read in conjunction with The Bridge School First Aid Policy.

- All students at The Bridge School will have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision;
- The Bridge School is welcoming and supportive of students with medical conditions. We recognise that pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education;
- Risk assessments are made for off-site visits that include consideration of the specific needs of any students with medical conditions;
- No child will be denied admission or prevented from taking up a place at The Bridge School because arrangements for their medical condition have not been made;

- Pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances;
- We recognise the need to consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported;
- We recognise that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child;
- The Bridge School works in partnership with all relevant parties including the pupil (where appropriate), the parent/carer, the school governing body, all school staff, employers and relevant healthcare professionals to ensure that policy is planned, implemented and maintained successfully.

## **2. Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### **a. The Governing Body**

The Governing Body will ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

### **b. Headteacher**

The Headteacher will:

- Ensure that the Supporting/managing Pupils with Medical Conditions Policy is updated and all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual

healthcare plans, including in contingency and emergency situations.

- Have overall responsibility for the development and monitoring of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nursing team, where appropriate, in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
- Make sure appropriate risk assessments and health care plans are completed
- Ensure all pupils with medical conditions, including those transferring into the school, have the appropriate support.
- Comply with any requirements that are imposed by the Local Authority to assist them with the discharge of their duties for students who are unable to attend school due to medical conditions such as making a referral to the Alternative tuition service or providing work for students to complete at home.

### **c. School Staff**

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions they teach. All staff complete Level 2 Administration of Medication course annually. 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.

### **d. Parent**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. At The Bridge School, parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the 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.

### **e. Pupils**

Pupils with medical conditions may be best placed to provide information about how their condition affects them.

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The school also recognises that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

At the Bridge School it is common that a child is not able to self-medicate and relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

#### **f. 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. 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.

Working relationships with the School Nursing Team and other healthcare providers of health services are maintained, with appropriate levels of communication, training and liaison.

#### **g. Other Health Care professionals**

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 individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

#### **h. Local Authorities**

Local authorities are commissioners of school nurses. They have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical

commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities. 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.

#### **i. Clinical Commissioning Groups**

Clinical commissioning groups 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 **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. Clinical commissioning groups should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

#### **j. Providers of Health Services**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

#### **k. Ofsted**

Under the common inspection framework, Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

### **3. Staff Training and Support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and mandatory recommendations, and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff (including supply staff) will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. Additional Courses are available and provided as part of the schools ongoing training programme.

### **4. Individual Health Care Plans**

A list of all students' medical diagnosis and medical needs is kept on the Medical Needs Register.

Individual Health Care Plans are written for students in school who have a medical condition where immediate treatment may be required. This follows the Department of Education Supporting Pupils with Medical Needs (2016) model (Appendix 1).

The individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed well so minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

Individual Healthcare Plans must:

- Be clear and concise.

- Be written in partnership with parents, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality.
- Outline educational provision if the student is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.
- Outline specific support for the student's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from healthcare professional; and cover arrangements for when they are unavailable.

It will be the responsibility of all staff to ensure that the plan is followed.

Care Plans written for pupils include:

- Anaphylaxis/Allergies
- Epilepsy
- Asthma
- Diabetes

Where a child has an individual School Care Plan, this clearly defines what constitutes an emergency and explains what to do. School Care Plans are reviewed at the child's annual review, or earlier if evidence is presented that the child's needs have changed.

Copies of all Care Plans are held electronically and will be printed and kept in a central file so that they can be accessed in the need of an emergency or if hospitalisation is required.

## **5. Managing medicines on school premises, including storage**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will 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.
- Non-prescription medicines will be administered by staff, should they be needed during the school day with full written permission from parents.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the First Aid Cupboard (locked cabinet) or in a fridge in the staff room. Some medicines may be stored in classroom store rooms. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Items should be counted in and recorded. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. All administration of medication should be countersigned by a second member of staff who has checked the dosage before administration. Any side effects of the medication to be administered will be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school.

Storage of medications for students based on South Campus is kept in a locked cabinet in the Medical Room in the staffroom. There is a key safe next to each medical cabinet and the code for this is known by the First Aiders, SLT, admin staff and other trained staff known to SLT.

Storage of medications for students based in Secondary is kept in a locked cabinet in a clear labelled cupboard with SALTO access.

Medication for each child is kept in an individual zipper bag. Seizure medication is kept in the bag with a copy of the latest NHS protocol.

The zipper bag is labelled with:

- The pupil's name
- The name of the medication
- The expiry date of the medication

The expiry date of each medication is checked termly by those with specific responsibility as delegated by the Designated Person from SLT.

### **Emergency Procedures**

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

## **6. Parental Consent**

Parental/carer consent is required for the storage and administration of medication (Appendix 2). Parents/carers ensure:

- Medicine is within its 'Use by date';

- Medication is in the pharmacist's original container, is clearly labelled with the child's name, the contents, the expiry date and the dosage and/or other instructions from pharmacist or doctor. (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, rather than in its original container);
- Changes to NHS protocols are immediately communicated to the school;
- They or their nominated alternative person is contactable at all times during the school day.

## **7. Administration of Medication**

- Medication is administered by staff who have been specifically trained to do so. All staff complete Level 2 Administration of Medication course.
- 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
- Administration of Medication forms (Appendices 3 and 4,)

### **a. Administration of Pain Relief Medication**

Medication for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

Parents/carers must have given consent and provided a bottle of pain relief medication clearly labelled with the child's name and in its original packaging;

- Parents/carers must also be contacted by telephone if the child could have been given pain relief in the previous four hours before arriving at school;
- Where possible, parents/carers should be contacted by telephone before administration of pain relief;
- Administration of pain relief medication should be recorded on the appropriate recording sheet;

### **b. EpiPen's and Anaphylaxis Shock**

Students with allergies are identified on the Medical Needs Register and will have a school Care Plan in place, with a copy held in the Primary or Secondary Medical Room and in the student's classroom.

Where prescribed, a student's EpiPen is kept in a First Aid 'bumbag' The bag is labelled with the child's name and kept in the individual's classroom, on a high shelf in the class cupboard, out of reach of students. This medication travels with a supporting member of staff when the child is in the swimming pool or out of school on a trip or visit.

EpiPen's can be administered by members of staff who have received EpiPen training.

Parents are responsible for checking that the EpiPen's are still within their 'Use by dates' and for replenishing them. Lead First Aiders will check expiry dates of all medication regularly.

### **c. Asthma Treatment and Inhalers**

Students who use an inhaler are identified on the Medical Needs Register and will have a school Care Plan in place, with a copy held in the Primary or Secondary Medical Room and in the student's classroom.

Where prescribed, a student's inhaler is kept in a First Aid 'bumbag' The bag is labelled with the child's name and kept in the individual's classroom, on a high shelf in the class cupboard, out of reach of students. This medication travels with a supporting member of staff when the child is in the swimming pool or out of school on a trip or visit.

Students can be helped to use their inhalers by members of staff who have received the appropriate training.

Parents are responsible for checking that the inhalers are still within their 'Use by dates' and for replenishing them. Lead First Aiders will check expiry dates of all medication regularly.

### **d. Seizures**

Students who suffer from seizures are identified in the Medical Needs Register. Where there is an NHS care plan, a school Care Plan will also be in place, with a copy held in the Primary or Secondary Medical Room and in the Student's classroom.

Emergency medication for seizures can be administered in line with the NHS protocol by members of staff who have received the appropriate training.

### **e. Educational/Off site Visits**

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children 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.

### **f. 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, (although this may be challenged);
- 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;
- 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 educational visits, e.g. by requiring parents to accompany the child.

## **8. Record of Administration of Medication**

A record of all medicines administered to individual children is kept and states what and how much medication was administered, when and by whom. Any side effects of the medication are also noted.

A record of administration of medication is recorded on one of the following forms:

- Regular and Occasional Medication Record (Appendix 3)
- MAR (Appendix 4)

The form is signed by both the staff member administering the medication and the staff member witnessing the administration of medication.

These forms are kept in the relevant folders next to the relevant medicines storage cabinet.

## **9. Out of Date Medication and Medication No Longer Required**

- Medication which is out of date is returned to parents/carers for safe disposal;
- At the end of the Summer Term, all medication is returned to parents/carers.

## **10. Legal Liability**

An employee administering medication at work will be acting in the course of their employment and insurance cover against a claim for negligence is provided through the School's employer's liability insurance.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

The Governing Body at The Bridge School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.

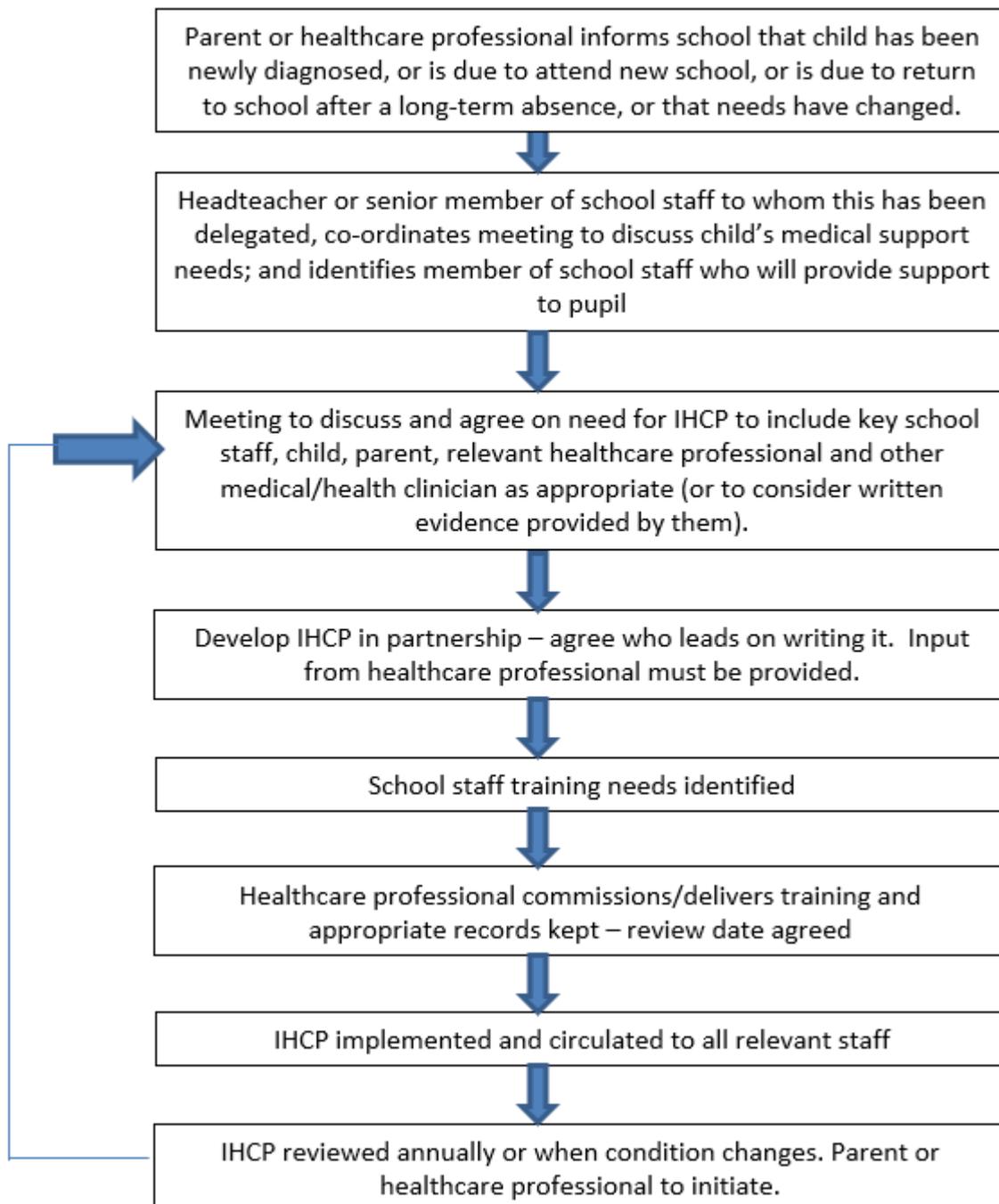
## **11. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school and follow the school complaint procedure. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Local Authority.

## **12. Links to Other Policies**

- Educational Visits and Off-Site Activities Policy
- First Aid Policy
- Manual Handling Policy

**Model process for developing individual healthcare plans  
(DfE Supporting pupils with medical needs 2016)**



### INDIVIDUAL HEALTH CARE PLAN

Pupil's Name:	
Class:	
Date of Birth:	
Medical Diagnosis or Condition:	
Date:	

Parent / Carer:	
Relationship:	
Home Phone:	
Mobile:	
Work:	

Parent / Carer:	
Relationship:	
Home Phone:	
Mobile:	
Work:	

Clinic / Hospital:	
Contact Number:	

Doctor:	
Contact Number:	

## Epilepsy

Condition/cause of epilepsy, anything that makes seizures more likely, early warning signs?

--

Any other health conditions?

--

Description of seizures?

--

How long do seizures usually last?

--

How often do seizures usually occur?

--

What happens after a seizure and how long does recovery usually take?

--

Please describe what constitutes an emergency, and action to be taken?

--

Is medication kept in school? Is there an NHS Epilepsy Care Plan?

--

## Asthma

Non-Emergency Asthma care for your child - Symptoms of asthma, please describe features of an attack and any early warning signs;

--

Any other health conditions:

--

Are there any triggers for the asthma?

--

What can be done to help prevent asthma attacks?

--

When should an inhaler be used?

--

Name and strength of inhaler

--

Is medication kept in school?

--

## Allergies

Any known allergies

--

Any other health conditions:

--

Known symptoms of an allergic reaction

--

Symptoms of a severe allergic reaction/Anaphylaxis

--

Any emergency medication prescribed – this could be a liquid or tablet antihistamine/EpiPen

--

Name and strength of medication

--

Is medication kept in school?

--

## Health Needs

Any general health needs?

Any general health needs?

Any side effects which may occur from daily medication regime?

Any side effects which may occur from daily medication regime?

Any other information school should be aware of?

Any other information school should be aware of?

Give details of any medication needed to be administered at school

Give details of any medication needed to be administered at school

Please describe what constitutes an emergency, and action to be taken?

Please describe what constitutes an emergency, and action to be taken?

## Medication

### Home

<b>Name of Medicine</b>	<b>Condition Prescribed for</b>	<b>Strength / Dose</b>	<b>Timings</b>

### School

<b>Name of Medicine</b>	<b>Condition Prescribed for</b>	<b>Strength / Dose</b>	<b>Timings</b>

*Medicines must be in the original container as dispensed by the pharmacy.*

**PARENTAL AGREEMENT TO ADMINISTER MEDICATION**

In order for The Bridge School to give your child medicine, please complete and sign this form.

<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Class</b>	

Medication must be in original packaging with name and expiry date clearly visible.

<b>Medical Condition</b>	
<b>Name / Type of Medicine</b>	
<b>Expiry Date</b>	
<b>Timing</b>	
<b>Special Instructions / Precautions</b>	
<b>Potential Side Effects</b>	

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

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

## Consent

<b>Individual Health Care Plan agreed by:</b>	
Parent / Carer:	
Signed:	
Date:	
School Representative:	
Signed:	
Date:	

*Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.*

*This Individual Health Care Plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care.*

<b>Plan reviewed:</b>		
<b>Name</b>	<b>Designation</b>	<b>Date</b>

**PARENTAL AGREEMENT TO ADMINISTER MEDICATION**

In order for The Bridge School to give your child medicine, please complete and sign this form.

<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Class</b>	

Medication must be in original packaging with name and expiry date clearly visible.

<b>Medical Condition</b>	
<b>Name / Type of Medicine</b>	
<b>Expiry Date</b>	
<b>Timing</b>	
<b>Special Instructions / Precautions</b>	
<b>Potential Side Effects</b>	

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

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Appendix 4**

<b>Name of Student:</b>  	<b>Class:</b>  	<b>Regular Medication</b>  <b>Short Term Medication</b>  <b>Calpol</b>  <b>Emergency Medication</b>
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<b>Name of Medicine:</b>  	<b>Dose:</b>  	<b>Times to be given:</b>  	<b>How to be administered:</b>  
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<b>Date:</b>	<b>Time:</b>	<b>Dose:</b>	<b>Staff member administering:</b>	<b>Staff member witnessing:</b>	<b>Signatures:</b>	<b>Notes:</b>

**MAR**

NAME																																
NAME/DOSAGE:							CODES:										Any special considerations/instructions:															
TIME TO BE ADMINISTERED:							INITIALS: Medication given										<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Parental Agreement for Administration of Medication:                 </div>															
							A: Pupil absent																									
							W: Weekend																									
SEPT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
OCT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
NOV	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DEC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JAN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
FEB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

MAR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
APRIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUNE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

INITIALS	NAME	SIGNATURE