



NIGHTINGALE PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

In line with the duty, which came into force on 1st September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Nightingale Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed annually and it is readily accessible to parents and school staff.

POLICY IMPLEMENTATION

The named person, who has overall responsibility for policy implementation, is the Headteacher. They will oversee a staffing structure (see Appendix A) with clear lines of responsibility that will:

- ensure that sufficient staff are suitably trained
- ensure that all relevant staff will be made aware of the child's condition
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- brief supply teachers
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable
- monitor individual healthcare plans

Procedure to be followed when notification is received that a pupil has a medical condition

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils
- where there is medical guidance or reports from external professionals we will follow their recommendations. For example, there might be a care plan provided for a child with diabetes by the diabetic team.

Individual healthcare plans

It is parents' responsibility to notify the school that their child has a medical condition. This should be done at the time of *registration for a place*. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Our IHP (see Appendix B & recorded on Medical Tracker) requires information about:

- **the medical condition, its triggers, signs, symptoms and treatments**
- **the pupil'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 and environmental issues, e.g. crowded corridors, travel time between lessons. If applicable a Vulnerable Person risk assessment will be completed. (see Appendix C)
- **specific support for the pupil's educational, social and emotional needs** - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- **the level of support needed** (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **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 a healthcare professional; and cover arrangements for when they are unavailable

- **who** in the school **needs to be aware** of the child's condition and the support required
- **written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments (to include notes on who is deemed responsible for administration of medicines on school trips)
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Roles and Responsibilities

At our school those people involved in arrangements to support pupils at school with medical conditions can be found in Appendix A which shows the staffing structure with roles and responsibilities.

Staff Training and Support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. First Aid training is updated as required. All first aiders are logged (see Appendix D).

Any member of school staff providing support to a pupil with medical needs will have received suitable training. The level of training required for school staff will be verified by health care professionals (if appropriate). No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

All staff will sign a record sheet confirming they have read this policy. Governors will monitor as part of monitoring cycle.

The Child's Role in Managing their own Medical Needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do

this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing Medicines on School Premises

At our school:

- 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. For the administration of non-prescription medicines, verbal permission will be obtained in addition to written consent before administration
- we will never give medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken
- parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they:
 - **are in-date**
 - **are labelled**
 - **are provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** (NB 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.)
- All medicines will be stored safely
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. **Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips**
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- Controlled drugs will be stored in the safe and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held

- School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions
- **We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school on Medical Tracker**

Forms to be completed before giving medication include:

- Administration of Medicine and Treatment Consent Form - Appendix E
- Administration of Medicines will be recorded on Medical Tracker

Non-Prescribed Medicines

At our school we will administer non-prescription medicines. In addition to this the school will keep a stock of non-prescription medicines in the form of:

- Liquid paracetamol

Emergency Asthma Inhalers

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

Nut Free School

We are a nut free school. We ask that all staff and children ensure any food brought into school does not contain nuts or traces of nuts.

Staff Medication

All staff medication, including paracetamol and ibuprofen, should be kept in a locked cabinet in the first aid room; with the exception of inhalers and injector pens which should be kept in the red medical bag in the classroom.

Record keeping

We will ensure that records are kept of all medicines administered to children on Medical Tracker. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Non-Emergency Procedures

If a child becomes ill or has an injury during the school day they will be sent to see a member of the office staff (or designated adult). Initial first aid for minor injuries can be given in the classroom or by lunchtime staff and recorded on Medical Tracker. If further treatment or phone calls are needed children will come to the office with a medical card. All pupils in EYFS and KS1 will be accompanied by an adult or a peer. KS2 will be accompanied by a responsible peer. Visits to the office/first aid room will be recorded on Medical Tracker.

The parent of any child with an Individual Healthcare Plan visiting the office or the first aid room will be contacted. In all other cases, parents will be notified by an email and a phone call home if on-going monitoring or treatment is required.

Emergency procedures

Our school's policy sets out what should happen in an emergency situation.

If an ambulance needs to be called:

- Where possible use a mobile phone when dialling 999
- Give the operator as much information as possible about the child (personal details including full name; DOB etc) and their injury
- Tell the operator not to use the school postcode for satnav
- Ask an adult to open the gate, meet the ambulance and take them directly to the child
- Ask the office to phone the parent advising them that an ambulance has been called for their child
- 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

If medicines are administered incorrectly:

- Record the dosage; medication given; time given
- Seek medical advice if appropriate

- Inform the parent
- Investigation by member of SLT who has completed the Accident and Investigation training

Day Trips, Residential Visits and Sporting Activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The class teacher will take the red medical bag when the class are on the field and when going on a school trip.

Unacceptable Practice

As a school we believe it to be unacceptable 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 for reasons associated with their medical condition 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 school trips, e.g. by requiring parents to accompany the child

Liability and indemnity

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

Complaints

If you have a complaint about how your child's medical condition is being supported in school, please contact the Headteacher in the first instance.

If your complaint has not been resolved satisfactorily, please refer to our Complaints Policy which can be found on the school website at www.nightingale.hants.sch.uk

Date of Policy Approval: Spring Term, 2024

Date of Next Review: Autumn Term, 2027

Appendix A - Staffing Structure

Hannah Beckett - Headteacher



Sarah Wyatt - Admin Manager



Tracey Bondsfield - Senior Admin Assistant

Claire Woodley - Admin Assistant

Jo Verrall - Admin Assistant

Admin Manager:

- Responsible for staff training (ensuring school is compliant with LA guidance)
- Ensure staff are aware of a child's condition
- Cycle of monitoring IHCP's

Admin Assistants:

- Responsible for day to day administration and dispensing of medicine
- First port of call for children who are taken poorly during the school day

The Inclusion Lead and Admin Manager will liaise with regard to pupils with a physical need and ensure a Vulnerable Person Risk Assessment is completed. It is the Inclusion Lead's and teachers role to complete the Risk Assessment and the Admin Manager's responsibility to ensure it is completed and distributed to the relevant staff members and held in pupil records. This will also be attached to Medical Tracker and EduKey for all relevant staff to access.

Appendix B - IHP Template

Name of School

Nightingale Primary School

Child's Name

Class

Date of Birth

Child's Address

Medical Diagnosis or Condition

Date

Review date

Family Contact Information

Name

Phone Number (work)

(Home)

(Mobile)

Name

Relationship to child

Phone Number (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

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Appendix C – Vulnerable Person Risk Assessment

CHILDREN'S SERVICES RISK ASSESSMENT TEMPLATE FORM RATF-019

Vulnerable Person Risk Assessment

(replace with more accurate title of risk assessment if required)

To be completed in all instances wherever a vulnerable person, whether child or adult, is using the premises, in order that additional risks are adequately considered and appropriate control measures implemented. The risk assessment is to be carried out in accordance with the Safety Guidance Procedure SGP 01/07 (Risk Assessment) and using **Guidance Notes** below.

Location / Site	Insert location where vulnerable person identified
Name / Vulnerability reason	Insert name of vulnerable person & nature of vulnerability
Assessment date	Insert date when assessment is being carried out
Assessment serial number	Insert local serial/identification number for future reference

Common hazards	Use the following list to identify hazards that are present – add site specific detail about type/location of each hazard
Vulnerability due to age (eg. very young, elderly, inexperienced, frail)	
Vulnerability due to disability (eg. hearing, visual or mobility impairment)	
Vulnerability due to ill-health (eg. diabetes, allergies, respiratory disorder)	
Vulnerability due to pregnancy or being a new or breastfeeding mother	
Vulnerability as a result of returning to work following ill-health or surgery	
Communicable diseases (eg. higher susceptibility due to vulnerability)	
Poor environmental conditions (eg. dusty areas or hot/cold temperatures)	
Hazardous substances (eg. powder, dust, cleaning materials, chemicals)	
Moving & handling (eg. heavy or bulky items or A4 paper boxes)	
Hazardous activities (eg. stepladder use, when lone working, night work)	
Physical activities (eg. prolonged standing or sitting or poor workstation)	
Stress (eg. work related or vulnerability/illness related)	

Working patterns & working hours (eg. long hours, shift work, night work)
Access or egress to/from place of work following injury or return to work

Identify additional hazards	Record all other hazards that are specific to this person

Identify people at risk	Circle boxes where persons may be affected by hazards	
Vulnerable person(s)	YES	NO
Other employees	YES	NO
Visitors	YES	NO
Contractors	YES	NO
Pupils	YES	NO

Existing level of risk	Consider current level of risk		
HIGH	MEDIUM	LOW	NEGLIGIBLE

Common control measures	Use the following list to identify controls that are required – add site specific detail about type/location of each control
Carry out RATF-018 (New & Expectant Mothers Risk Assessment) (as appropriate)	
Complete CSAF-012 or CSAF-018 (Personal Emergency Evacuation Plan) (as appropriate)	
Relocation of work area away from detrimental environmental conditions	
Review access to work area (eg. climbing stairs, sitting at workstation)	
Review physical activities (eg. reduce or eliminate specific physical tasks)	
Review workstation/VDU assessment (eg. adapt local conditions)	
Review & change work patterns & working hours (as appropriate)	
Ensure taking of rest breaks & consider adding or extending breaks	
Appropriate provision of information of cases of communicable diseases	
Review COSHH assessments to address more vulnerable status	
Discuss accessibility issues with vulnerable person & Access Team	
Review of lone working procedures to address more vulnerable status	

Review moving & handling currently undertaken & address as necessary
Review involvement with non-routine or more hazardous activities
Monitor potential work related stress & discuss as appropriate/necessary
Review work practices which involve work at height (eg. stepladders use)
Discuss & review medical/first aid/treatment requirements (as necessary)
Discuss & review specific areas of concern that may require addressing
Regular meetings to continuously review arrangements (as appropriate)
Documented agreed changes (eg. use Changes Agreed Form below)

Additional control measures	List any other control measures that you are going to use

Remaining level of risk	Consider level of risk following use of control measures		
HIGH	MEDIUM	LOW	NEGLIGIBLE

Assessor's comments	Insert comments relevant to findings as appropriate

Name of assessor	Signature of assessor	Date

Manager's comments	Insert comments relevant to assessment as appropriate

Name of manager	Signature of manager	Date

Risk assessment reviews	Set future review dates & sign/comment upon completion
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Review date	Reviewed by	Reviewer signature	Remarks

CHANGES AGREED FORM

(As part of the Vulnerable Person Risk Assessment)

Name of employee:

.....

Manager involved with risk assessment:

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Date of initial risk assessment:

Changes agreed at initial assessment

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Changes agreed during subsequent reviews

Date:

.....
.....
.....

Date:

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.....
.....

Guidance Notes for Completion of the Vulnerable Person Risk Assessment

Introduction

Health and safety law requires assessment of the risks to vulnerable persons. Employers have to do what is reasonably practicable to control identified risks. The term 'vulnerable persons' covers employees who are *additionally* vulnerable or prone to harm or injury as a result of an individual condition or status such as: age (young or old), immaturity, inexperience, disability, ill-health, recent illness (including recent surgery or injury), allergic reactions, chronic health conditions or returning to work following absence for such a disorder or illness or injury.

It should be noted that new or expectant or breastfeeding mothers are also considered to be vulnerable persons but should not be considered during *this* risk assessment as new & expectant mothers are addressed and to be risk assessed using the New & Expectant Mothers Risk Assessment Template Form (RATF-018).

As the individual circumstances of a vulnerable person can vary, there is a need for an individual risk assessment to be undertaken locally by managers. Risk assessment is straightforward. It is simply a careful consideration of situations that could harm or injure people. The following guidance explains the process:

Stage 1

Please consider and complete (with the vulnerable person) this **Vulnerable Person Risk Assessment Form (RATF-019)**, which identifies the more common hazards (ie. issues with the potential to cause harm) associated with vulnerable persons at work. Following your discussions, you may identify additional hazards not listed which will require addressing. Agree the most suitable and appropriate method of reducing all the identified hazards and document your agreed control measures. The included **Changes Agreed Form** (above) may be used as a means of recording the agreed control measures.

Stage 2

The process in Stage 1 will need to be revisited:

As any vulnerability changes or progresses or if concerns are raised

Where changes to work activities or conditions occur

Immediately upon return to work

Periodically for a period extending throughout the duration of the vulnerability

Continue to record your revised agreed methods of controlling any hazards.

Exceptional circumstances

It is unlikely that exceptional circumstances will arise but if they do the following should be considered:

If, after taking whatever preventative action is reasonable, there is still significant risk, which goes beyond the level of risk to be expected outside the workplace, then the following steps must be taken to remove the employee from that risk:

Action 1 – Implement temporary or long-term adjustment of working conditions or hours of work

Action 2 – If that is not feasible or will not avoid the risk, consider offering alternative work

Further guidance

Please contact the Children's Services Health & Safety Team if you need further guidance.

Appendix D - Training Record and First Aid Log (Sept 2023 to Jan 2026)

Staff Training Record for Emergency Paediatric First Aid

Medicine administration or treatment procedure for which staff training is being provided:

The following staff have completed a schools first aid course that included epi-pen administration.

Name	Qualification	Certificate valid until:
Hayley Blackford LSA	Emergency Paediatric First Aid (including epi-pen administration)	4 th January 2025
Tracey Johnson-Hester LSA	Emergency Paediatric First Aid (including epi-pen administration)	4 th January 2025
Natasza Piotrowski LSA	Emergency Paediatric First Aid (including epi-pen administration)	4 th January 2025
Nicole Skinner Lunchtime Assistant	Emergency Paediatric First Aid (including epi-pen administration)	4 th January 2025
Julie Wiltshire LSA	Emergency Paediatric First Aid (including epi-pen administration)	4 th January 2025
Claire Woodley Admin Assistant	Emergency Paediatric First Aid (including epi-pen administration)	30 th March 2024
Anna Audley LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Charlotte Prince LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Clare Horwood LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Elliese Wiltshire-Coe LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Emma Lewis LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Joanne Piper LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Kelly Petty LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Lisa Talbot LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Natalie Alexander LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Vikki Starr LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026

I understand the procedure and feel confident to carry out the procedure unsupervised

Date	Name	Designation	Signature
4 th January 2021	Hayley Blackford	LSA	
4 th January 2021	Tracey Johnson-Hester	HLTA	
4 th January 2021	Natasza Piotrowski	LSA	
4 th January 2021	Nicole Beirne	Lunchtime Assistant	
4 th January 2021	Julie Wiltshire	LSA	
30 th June 2023	Anna Audley	LSA	
30 th June 2023	Charlotte Prince	LSA	
30 th June 2023	Clare Horwood	LSA	
30 th June 2023	Elliese Wiltshire-Coe	LSA	
30 th June 2023	Emma Lewis	LSA	
30 th June 2023	Joanne Piper	LSA	
30 th June 2023	Kelly Petty	LSA	
30 th June 2023	Lisa Talbot	LSA	
30 th June 2023	Natalie Alexander	LSA	
30 th June 2023	Vikki Starr	LSA	

Appendix D - Training Record and First Aid Log (from June 2023)

Name of school/setting	Nightingale Primary School
Name	Hampshire First Aid – Ben Carter
Type of training received	Emergency paediatric first aid
Date of training completed	30 th June 2023
Training provided by	Ben Carter
Profession and title	Instructor – First Aid Hampshire

I confirm that the following members of Staff have received the training detailed above and are competent to carry out any necessary treatment.

Trainers Signature _____

Date: _____

Name	Staff signature	Date
Anna Audley		
Charlotte Prince		
Clare Horwood		
Elliese Wiltshire-Coe		
Emma Lewis		
Joanne Piper		
Kelly Petty		
Lisa Talbot		
Natalie Alexander		
Natalie Fernandez		
Vikki Starr		

Staff Training Record for Epi-pen Administration & Treatment

Medicine administration or treatment procedure for which staff training is being provided:

The following staff have completed a schools first aid course that included epi-pen administration.

Name	Qualification	Certificate valid until:
Nikki Beirne	Emergency paediatric first aid	4 th January 2025
Sarah Wyatt	Emergency paediatric first aid	4 th January 2025
Mandy Windsor	Emergency paediatric first aid	4 th January 2025
Natazia Piotrowki	Emergency paediatric first aid	4 th January 2025
Hayley Blackford	Emergency paediatric first aid	4 th January 2025
Tracey Johnson-Hester	Emergency paediatric first aid	4 th January 2025
Julie Wiltshire*	Emergency paediatric first aid	4 th January 2025
Anna Audley LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Charlotte Prince LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Clare Horwood LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Elliese Wiltshire-Coe LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Emma Lewis LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Joanne Piper LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Kelly Petty LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Lisa Talbot LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Natalie Alexander LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026
Vikki Starr LSA	Emergency Paediatric First Aid (including epi-pen administration)	30 th June 2026

I understand the procedure and feel confident to carry out the procedure unsupervised

Date	Name	Signature
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04.01.2021	Nikki Skinner	
04.01.2021	Sarah Wyatt	
04.01.2021	Mandy Windsor	
04.01.2021	Natazia Piotrowki	
04.01.2021	Hannah Cook	
04.01.2021	Hayley Blackford	
04.01.2021	Tracey Johnson-Hester	
04.01.2021	Julie Wiltshire	
30 th June 2023	Anna Audley	
30 th June 2023	Charlotte Prince	
30 th June 2023	Clare Horwood	
30 th June 2023	Elliese Wiltshire-Coe	
30 th June 2023	Emma Lewis	
30 th June 2023	Joanne Piper	
30 th June 2023	Kelly Petty	
30 th June 2023	Lisa Talbot	
30 th June 2023	Natalie Alexander	
30 th June 2023	Vikki Starr	

Appendix E

**Administration of Medicines and
 Treatment Consent Form
 Nightingale Primary School**

Child's Name:	DOB:/...../.....
Class:	Male/Female

Parents Contact Telephone Number	
Mobile Number (if different)	

Please tick the appropriate box:

My child will be responsible for the self-administration of medicine as directed below.	<input type="checkbox"/>
I agree to members of staff, who have been appropriately trained, administering medicine/providing treatment as directed below.	<input type="checkbox"/>

I recognise that staff are not medically trained.

Signature:

Print Name: (Parent/Carer with parental responsibility)

Date:

Name of Medicine	Required Dose	Time to be given	Duration to be given	Expiry Date

Any special instructions:

.....

Any allergies or other prescribed medication:

.....

Medicine signed in by: Date:

Medicine collected by: Date:

Record of Medicines Given to a Child in School
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Name of School	Nightingale Primary School
Name of Child	
Class	
Date of Birth/...../.....

Date	Time	Medication	Dose	Administered by
.../.../...	:			
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.../.../...	:			
.../.../...	:			
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