



## Water Primary School Medical Needs Policy

At Water School, children are at the centre of everything we do.  
We aim to give our children the best possible opportunities and learning experiences,  
enabling them to reach their full potential.  
We aim to ensure that the children in our care are equipped for life-long learning  
as responsible citizens in an ever-changing, diverse community.

**We believe that we all have the right to be happy, to be safe and to learn.  
This policy supports our responsibility to make this happen.**

Most children and young people will have, at some time, a medical condition which could affect their attendance or participation in activities. This may be short-term, for instance, completing a course of medication, or a more long-term condition, which, if not properly managed, could limit their access to school and the activities that are on offer.

At Water Primary School we only administer medicines to those children with a long-term illness or condition in order to enable them to access their education provision fully. It is expected that children with short term illness may be prescribed medicines and that this will be administered and managed by parents. Parents are welcome into school during the school day in order to administer medicine to their child on a short-term basis.

Teachers and other school staff in charge of pupils have a common-law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might include in exceptional circumstances, administering medicine and/or taking action in an emergency). Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations.

### **Aims of the policy**

- To make sure that everyone, including parents and carers, are clear about their respective roles;
- Ensure effective management systems to help support individual children and young people with medical needs;
- To make sure that medicines are handled responsibly;
- Ensure that all staff are clear about what to do in the event of a medical emergency.

### **Roles and Responsibilities**

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between the setting, parents', health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

#### Parent

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day to- day contact.

Parents are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the school office by parents or escorts employed by the Authority. It is the parent's responsibility to inform the Headteacher/SENCO in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication at a setting additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the Headteacher/SENCO.



### Headteacher

It is the Headteacher's responsibility to make sure that:

- there is a designated staff member with responsibility for children with medical needs;
- proper procedures are in place;
- staff are aware of the procedures;
- systems are in place for monitoring implementation of the policies and procedures;
- governors receive information regarding the implementation of policies and procedures;
- staff are appropriately trained;
- training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to update training on a regular basis.

### The Designated Staff Member for Children with Medical Needs

In our school, the designated staff member for children with medical needs is the SENCo. Day-to-day decisions will normally fall to the SENCo in consultation with the Headteacher, where appropriate. The SENCo has responsibility for:

- ensuring that staff are aware of medical needs/care plans associated with individual pupils;
- alongside the child, parents and healthcare professionals preparing an Individual Health Care Plan (IHCP) and ensuring that said care plans are updated as necessary; these will be reviewed at least annually or if the medication changes.
- communicating training needs to the Headteacher, in a timely manner;
- communicating with health care professionals and parents as appropriate, to meet the needs of children;
- monitoring the implementation of the agreed policy and procedures;
- liaise with all relevant parties in the event of the child moving to a different school to ensure a smooth transition. This would also apply if the child has a long period of hospitalization or home tutoring as a result of their medical condition/needs.

### Teachers and support Staff

It is the responsibility of all teaching and support staff to:

- familiarise themselves with the policy and procedures;
- work in accordance with the agreed policy and procedures;
- familiarise themselves with individual care plans and emergency procedures;
- attend training deemed necessary to meet the needs of children

### Governors

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of the policy for children with medical needs.

### **Prescription medicines**

**Medicines will only be accepted when essential**; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber / or on the advice of a pharmacist /nurse and we have written permission from the parent. Please see section below on Non-Prescription Medicines for exceptions to this in certain conditions.

Each item of medication must be delivered to the Headteacher or School Office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the schools use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabeled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.



Medication will never be accepted if it has been repackaged or relabeled by parents.

### **Non-Prescription medicines**

Lancashire County Council (LCC) policy is that of not accepting non-prescription medication. This policy is commended to all Maintained Schools in Lancashire. However, it is the schools' responsibility to agree its policy regarding non-prescription medication. Water Primary's Medical Needs Policy does allow for the use of non – prescribed medicines in certain conditions:

- Allergy medication (which often GPs will not prescribe) such as Piriton.
- Calpol – where a child has an injury (eg fracture) and is in school with a care plan but may need pain relief. *We do hold age appropriate doses of Calpol in school, which we will give if we are in receipt of permission from the parent. We will check with parents before giving Calpol to confirm that children have not previously taken any medication containing paracetamol within the preceding 4 hours, and will only give one dose.*
- Eczema creams
- Circumstances when the child has an illness that does not mean that they need to be absent from school but may need an “over the counter” medicine to prevent temperatures/pain

### **Pain relief protocol for the administration of Calpol**

If a request for non-prescribed pain relief is made by a pupil or staff (advocate for a non-verbal pupil) then: The school will contact the parent/guardian and confirm that a dose of pain relief (paracetamol) was NOT administered before school & ensure parental consent has been received/request parental consent if not already received. If a dose of pain relief has not been administered in the past 4 hours the school will, with parental consent, administer 1 dose. If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief was administered before school then the school will refuse to administer pain relief. If a dose of pain relief has been administered before school:

PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as advised by Asthma specialists. Parents will be required to complete a Health Care Plan (Form 2 below). Pupils with asthma will be required to have an inhaler and a spacer (if prescribed) in school. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. The school inhaler will only be used in an emergency and will always be used with a spacer irrespective of the pupil's age or ability to use the inhaler alone as advised by Asthma specialists. Parental consent to use the emergency inhaler is required (Form 10 below – letter and consent form). The emergency inhaler can only be used by a pupil with asthma or by a pupil that has been prescribed an inhaler. The school inhaler and spacer are kept in the School Office. A record of when, where, who & reason of emergency inhaler use is recorded and parents informed of this. The school keeps an asthma register in the school office containing information of all pupils with asthma or those prescribed a reliever inhaler. Parental consent to administer the 'school inhaler will be gained when the consent form is completed. The school will hold a register of the pupils diagnosed with asthma and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

### **Controlled drugs**

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at our school, prescribed controlled drugs will be stored in the school safe and will only be accessible by senior staff members and the school office. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times.

A record will be kept for audit and safety purposes;

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.



## **Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs.

If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. The school will need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary.

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

## **Administering Medication**

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional.

Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

## **Self-administration**

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition.

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances, parents will be required to complete the appropriate form (see appendix).

## **Refusing medicines**

If a child or young person refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed immediately. Where refusal to take medicines results in an emergency, the emergency procedures should be followed as written down in the child or young person's care plan.



## **Storing Medication**

- Large volumes of medicines will not be stored;
- Staff will only store, supervise and administer medicine when we have written permission from the parents.
- We will administer medication that has been recommended by a pharmacist or nurse providing we have written permission from a parent.
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Children may carry their own inhalers;
- Other non-emergency medicines will be kept in the appropriate building and must not be accessible to children;
- Where medicines need to be refrigerated. They can be kept in the office refrigerator which may also contain food but should be in an airtight container and clearly labelled. Access to these areas is restricted to adults only or children who are supervised.
- Local pharmacists can give advice about storing medicines.
- School has purchased a salbutamol inhaler without prescription for use in asthmatic emergencies

## **Access to medicines**

Children and young people need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

## **Disposal of medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

## **Record Keeping**

Records offer protection to staff and proof that they have followed agreed procedures. The appropriate forms are attached in an appendix for our school.

## **Educational Visits**

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

All school visits are planned in accordance with Lancashire County Council policy and procedures.

In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805. The school will also ensure that:

- The proposed visit is discussed and with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.



## Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services (see appendix for guidance on calling an ambulance)

A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital, it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## Equal Opportunities

Children and young people with medical needs have the same rights of admission to the school as others. Most children and young people with medical needs can attend school regularly and take part in normal activities, sometimes with some support. Staff may need to take extra care in supervising some activities or consider reasonable adjustments or adaptations to planned activities to make sure that these children and young people, and others, are not put at risk.

Some children and young people with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled children and young people in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities.

Our School will make reasonable adjustments for disabled children and young people including those with medical needs at different times of their life; and for the individual disabled child or young person in our practices and procedures and in our policies.

## Unacceptable Practice

As a school, we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not be allowed within this policy. This is an example of some of those practices:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents.
- ignoring medical evidence or opinion (although open to challenge)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable
- penalize children for their attendance if the absences are related to their medical condition
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- requiring parents to attend school to administer medication or provide medical support for their child.
- No parent should have to give up working because the school is failing to meet their child's medical needs
- preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child.

## Further information

This policy should be read in conjunction with the guidance document 'Medicine Safety'. This guidance document provides further information with regard to legal responsibilities and specific medical conditions. In this school, the document is held electronically by the Headteacher and a hard copy is held by the SENCO.



### **Complaints Procedure**

If anyone should have any type of complaint regarding the support of a pupil with medical needs, they should inform the Headteacher in the first instance who will attempt to resolve the issue. If not resolved at this stage, the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

### **Insurance & Liability**

Water Primary School buy in to the services of Lancashire County Council who provide insurance cover on our behalf. We are covered by a Public Liability scheme of £50 million. This insurance is effective as long as the following protocols are followed:

- all procedures stated in the IHCP and relevant policies must be adhered to
- all medication administration must be logged and medication must only be given by a suitably trained member of staff
- all required risk assessments should be in place

### **REVIEW**

This policy will be reviewed annually.

Miss E McKay (Headteacher)

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Mrs. J Edington (SENCo)

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Mr. Marc Vipham (Chair of Governors)

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**Date: July 2025**



## **Water Primary School FORM 1 - Contacting Emergency Services**

### **Request for an Ambulance**

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

1. Your telephone number: 01706 216414
2. Give your location as follows: Water Primary School
3. State that the postcode is: BB4 9PX
4. Give exact location in the setting – adjacent to the Commercial Public House and opposite BOYS Warehouse
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:

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

Put a completed copy of this form by the telephone so that it is easily accessible in case of an emergency.



# Water Primary School

## FORM 2 – Healthcare Plan

At Water School, children are at the centre of everything we do.  
 We aim to give our children the best possible opportunities and learning experiences,  
 enabling them to reach their full potential.  
 We aim to ensure that the children in our care are equipped for life-long learning  
 as responsible citizens in an ever-changing, diverse community.

**We believe that we all have the right to be happy, to be safe and to learn.  
 This policy supports our responsibility to make this happen.**

Child's name \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or condition \_\_\_\_\_

Date \_\_\_\_\_

Review \_\_\_\_\_

**Contact information**

**Family contact 1**

Name \_\_\_\_\_

Phone No. (Work) \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_

Phone No. (Mobile) \_\_\_\_\_

**Family contact 2**

Name \_\_\_\_\_

Phone No. (Work) \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_

Phone No. (Mobile) \_\_\_\_\_

**Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

**GP**

Name \_\_\_\_\_

Phone No. \_\_\_\_\_



Describe medical needs and give details of child's symptoms:

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Daily care requirements: e.g. before sport/at lunchtime)

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

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Follow up care:

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

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Form copied to:

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**Water Primary School**  
**FORM 3 – Parental Agreement for school/setting to administer medicine**

The school setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Child's name \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or condition \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by  
 (name of member of staff) \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that the school needs to  
 know about? \_\_\_\_\_

Self-Administration: \_\_\_\_\_ Yes/No (delete as appropriate) \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_



**Contact Details**

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to:

\_\_\_\_\_ (agreed member of staff)

And accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

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

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Relationship to the child: \_\_\_\_\_



**Water Primary School**  
**FORM 4 Confirmation of the adult with a Duty of Care's agreement to administer medicine**

Name of Setting: \_\_\_\_\_

It is agreed that \_\_\_\_\_ *[name of child]* will receive  
\_\_\_\_\_ *[quantity and name of medicine]* every day at  
\_\_\_\_\_ *[time medicine to be administered e.g. Lunchtime or afternoon break].*

\_\_\_\_\_ *[name of child]* will be  
given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ *[name of member of staff].*

This arrangement will continue until \_\_\_\_\_ *[either end date of course of medicine or until instructed by parents].*

Signed: \_\_\_\_\_

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

***[The Head of Setting/Named Member of Staff]***



# Water Primary School

## FORM 5 Record of medicine administered to an individual child

Name of Setting:	_____		
Name of Child:	_____		
Date medicine provided by parent:	_____		
Group/class/form:	_____		
Quantity received:	_____		
Name and strength of medicine:	_____		
Expiry date:	_____		
Quantity returned:	_____		
Dose and frequency of medicine:	_____		
Staff signature:	_____		
Parent signature:	_____		
<hr/>			
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: \_\_\_\_\_

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

Time Given: \_\_\_\_\_

Dose Given: \_\_\_\_\_

Name of member of staff: \_\_\_\_\_

Staff initials: \_\_\_\_\_



**Water Primary School**  
**FORM 6 Record of medicines administered in school/setting to all children**

<b>Name of Setting:</b> _____					
<b>Child's Name:</b>					
<b>Date:</b>					
<b>Name of Medicine:</b>					
<b>Dose given:</b>					
<b>Time:</b>					
<b>Any Reactions:</b>					
<b>Other comments: (e.g. refusal of medicine)</b>					
<b>Print Name:</b>					
<b>Signature of Staff:</b>					



<b>Child's Name:</b>					
<b>Date:</b>					
<b>Name of Medicine:</b>					
<b>Dose given:</b>					
<b>Time:</b>					
<b>Any Reactions:</b>					
<b>Other comments: (e.g. refusal of medicine)</b>					
<b>Print Name:</b>					
<b>Signature of Staff:</b>					



# Water Primary School

## FORM 7 Request for child to carry his/her medicine

### THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns discuss request with the appropriate healthcare professionals

Name of 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**



# Water Primary School

## FORM 8 Staff training record – administration of medicines

Name of Setting: \_\_\_\_\_

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 within the area of training given on this occasion. 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: \_\_\_\_\_



**Water Primary School**

**FORM 9 Request for update to Care Plans – Example Letter**

# Water Primary School

Happiness, Health & Opportunity

Burnley Road East  
Water, Rossendale  
BB4 9PX  
Tel: 01706 216 414  
Fax: 01706 218 637  
Email: [head@water.lancs.sch.uk](mailto:head@water.lancs.sch.uk)

Website – [www.water.lancs.sch.uk](http://www.water.lancs.sch.uk)

**Headteacher: Miss E McKay**



Dear Parent/Guardian,

As part of our care for our children we have Care Plans in place for children with health needs. Copies of Care Plans are available to all staff, with copies being kept in the school office and with the Class Teacher in their classroom. It is very important that these plans are updated with any key information. **Please see your child's Care Plan on the next page, if the information remains the same then please can you indicate on the slip below, so we know that the plan is up to date. If you need to make an addition to the current Care Plan, then please do so and return the updated copy to school with the slip below.** A blank Care Plan has also been included if you need to make a few changes.

We would also kindly like to ask parents of any children in school with an inhaler to check that they are still in date.

Thank you for your continued support,

Yours sincerely,

Mrs. Edington  
SENCo

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## Care Plan

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

The information on my child's Care Plan remains the same

I have made changes to my child's Care Plan (please return updated Care Plan along with this slip)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**Water Primary School**

**FORM 10 Use of Emergency Salbutamol Inhaler Letter and Consent Form**

# Water Primary School

Happiness, Health & Opportunity

Burnley Road East

Water, Rossendale

BB4 9PX

Tel: 01706 216 414

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Email: [head@water.lancs.sch.uk](mailto:head@water.lancs.sch.uk)

Website – [www.water.lancs.sch.uk](http://www.water.lancs.sch.uk)

**Headteacher: Miss E McKay**



Dear Parent/Guardian,

As part of our care for children who are diagnosed as Asthmatic, an emergency inhaler is available in school. Please can you complete the attached documentation to confirm that you are happy for your child to use the school emergency inhaler, if their own inhaler is not available or is unusable. You will be notified in the event that your child needs to use the emergency inhaler.

Please can you return the attached consent form to school. We would kindly like to ask parents of any children in school to make sure that we are up to date with any of their medical conditions and if your child has recently been diagnosed as having Asthma, please notify us so that they can be recorded onto our Asthma register. Also, please check that your child's inhaler is within its expiry date. Thank you.

Yours sincerely,

Mrs. Edington  
SENCo



**CONSENT FORM**  
**USE OF EMERGENCY SALBUTAMOL INHALER**  
**WATER PRIMARY SCHOOL**

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

Signed: .....

Date: .....

Name (print): .....

Child's name: .....

Class: .....

Parent's contact details:

Telephone: .....

E-mail: .....