

**Managing  
Medicines**

**2017-19**

	Name	Signature	Date
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## Statement

This school/Early Years (EYS) is committed to reducing the barriers to sharing in school/nursery life and learning for all its pupils. This policy sets out the steps which the school/EYS will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

**N.B.** This policy has been developed in line with the [DfE publication 'Supporting pupils at school with medical conditions December 2015'](#).

### 1. Managing prescription medicines which need to be taken during the school day

- 1.1 Parents/carers should provide full written information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Pupil Health Care Plan.
- 1.3 The school/EYS will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
- 1.4 The school/EYS will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Pupil Health Care Plan. The school will inform parents of this policy.
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school/EYS will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.
- 1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date (Paragraph 35)
- 1.7 The school/EYS will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

## **2. Procedures for managing prescription medicines on trips, outings and during sporting activities**

- 2.1 The school/EYS will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.
- 2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the EVOLVE guidance on planning educational visits.
- 2.3 The school/EYS will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their individual Pupil Health Care Plan.
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- 2.5 The school/EYS must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

## **3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines**

- 3.1 Close co-operation between schools, EYS, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 The school/EYS will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 The school/EYS will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff should never give a non-prescribed medicine to a child unless this is part of an individual Pupil Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 5 or 6 (can be found in the [Form Sets](#)) and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 3.6 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/EYS will inform parents of this policy.

- 3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/EYS's normal emergency procedures will be followed.
- 3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

**N.B. The DfE guidance document gives a full description of roles and responsibilities.**

#### **4. Parental responsibilities in respect of their child's medical needs**

- 4.1 It is the parents/carers' responsibility to provide the Head teacher with sufficient written information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the Head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The Head teacher should have written parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.
- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or EYS has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See [Form sets](#)).

#### **5. Assisting children with long-term or complex medical needs**

- 5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an Individual Pupil Health Care Plan (IHCP) should be completed, either using:
  - 5.1.1 Form 2 Pupil Health Care Plan
  - 5.1.2 Asthma IHCP
  - 5.1.3 Allergy/Anaphylaxis IHCP
  - 5.1.4 Diabetes IHCP
  - 5.1.5 Epilepsy IHCP

(which can be found in [Form sets](#)) and involving both the parents/carers and relevant health professionals.

- 5.2 A Pupil Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.3 The school/EYS will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- 5.4 The school/EYS will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.
- 5.5 Developing a Pupil Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 5.6 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
- Head teacher or head of EYS
  - Parent or carer
  - Child (if appropriate)
  - Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
  - Care assistant or support staff
  - Staff who are trained to administer medicines
  - Staff who are trained in emergency procedures (Paragraph 122)
- 5.7 The school/EYS will consult the DfE publication 'Supporting pupils at school with medical conditions December 2015' when dealing with the needs of children with the following common conditions:
- Asthma
  - Epilepsy
  - Diabetes
  - Anaphylaxis
- 5.8 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 (can be found in [Form sets](#)) may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.
- 6. Off-site Education or Work Experience for Secondary School Pupils**
- 6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site. (Paragraph 127)
- 6.2 The school will refer to the DfE guidance [Work related learning and the law](#) for programmes that they are funding e.g. Increased Flexibility Programme.

- 6.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, or further education college. The school will comply with LA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.
- 6.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.
- 6.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

**7. Policy on children carrying and taking their prescribed medicines themselves**  
(An example of this would be a child with asthma using an inhaler)

- 7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7 (can be found in Form sets).
- 7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

**8. Staff support and training in dealing with medical needs**

- 8.1 The school/EYS will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 8.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.
- 8.4 The school/EYS will ensure that staff receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The Head teacher or teacher in charge of an EYS will agree when and how such training takes place, in their capacity as a line manager. The head of the school or EYS will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

## **9. Record keeping**

- 9.1 Parents/carers should tell the school or EYS about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 9.2 The school will use Form 3A (can be found in [form sets](#)) to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.3 The school will use Form 3B (can be found in [form sets](#)) to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/EYS. It is not the school's /EYS's responsibility.
- 9.5 Form 4 (can be found in [form sets](#)) should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.
- 9.6 (For Early Years EYSs) This EYS will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years EYSs must do this).
- 9.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 5 and 6 (can be found in [form sets](#)) provide example record sheets. This school will/will not keep a logbook of medicines given.

## **10. Safe storage of medicines**

- 10.1 The school/EYS will only store, supervise and administer medicine that has been prescribed for an individual child.
- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Non-healthcare staff will never transfer medicines from their original containers.



- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 Schools may not allow children to carry their own inhalers.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.
- 10.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school/EYS will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

## **11. Disposal of Medicines**

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents should be documented.
- 11.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process should be documented.
- 11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **12. Hygiene and Infection Control**

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.
- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure EYS are hygienic.
- 12.4 The School Premises Regulations 2012 and the Education (Independent School Standards) Regulations 2010 as amended January 2013 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

### **13. Access to the school/EYS's emergency procedures**

- 13.1 As part of general risk management processes the school/EYS must have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1 (can be found in [form sets](#)).
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 13.8 The national standards require early year's EYs to ensure that contingency arrangements are in place to cover such emergencies.
- 13.9 Individual Pupil Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

### **14. Risk assessment and management procedures**

- 14.1 This policy will operate within the context of the school/EYS's Health and Safety Policy.
- 14.2 The school/EYS will ensure that risks to the health of others are properly controlled.
- 14.3 The school/EYS will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 14.4 The school/EYS will be aware of the health and safety issues relating to dangerous substances and infection.

### **15. Home to School Transport**

- 15.1 The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.
- 15.2 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of pupils being transported. Briefing will be given by a nurse in school, or by another appropriately informed member of staff.
- 15.3 There should be regular reviews of the situation, so that drivers and escorts have up-to-date information.

- 15.4 Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.
- 16. Use of Emergency Salbutamol Inhalers ([see Guidance on the use of emergency salbutamol inhalers in school](#))**
- 16.1 From 1<sup>st</sup> October 2014 the Human medicines Regulations were amended to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
- 16.2 The inhalers must only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- 16.3 The inhaler will only be used if the pupil's prescribed inhaler is not available.
- 16.4 Schools should include information here if they have decided to keep emergency inhalers on site and should reference the protocol that should be in place if they schools use there discretionary powers to hold emergency inhalers.

### Issue Control

This Safe Working Arrangement is issued and managed by Corporate Health and Safety.

New Issue		Revision	By whom
Version No.	Issue Date	Amendments on	
Version 1.00	Sept 2016		DL
Version 2.0	Oct 2017	N/A	DL

### Review Schedule

Review conducted		Review next due	
Date	By whom	Date	By whom
Oct 17	DL	October 18	DL

### **DOCUMENT CONTROL**

**The only controlled version of this document can be accessed on the Health and Safety Intranet site or on the IRIS document system. Printed copies of this document, together with electronic copies held on local computers and other storage devices are uncontrolled.**

## Form Sets

# FORM 1

## Contacting Emergency Services

**Request for an Ambulance**

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

<b>1. Your telephone number</b>	
<b>2. Give your location as follows</b>	[insert school setting address]
<b>3. State that the postcode is</b>	
<b>4. Give exact location in the school/setting</b>	[insert brief description]
<b>5. Give your name</b>	
<b>6. Give name of child and a brief description of child's symptoms</b>	
<b>7. Give details of any medicines given or prescribed</b>	

**8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to scene of incident/injured person**

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Notes:

1. Speak clearly and slowly and be ready to repeat information if asked
2. Put a completed copy of this form by the telephone.

## FORM 2A Pupil Health Care Plan (General)

(This should be regularly reviewed)

### School/Setting Information

<b>Name of school/setting</b>			
<b>Child's name</b>			
<b>Group/class/form</b>			
<b>Date of birth</b>	/	/	
<b>Child's address</b>			
<b>Medical diagnosis or condition</b>			
<b>Date</b>	/	/	
<b>Review date</b>	/	/	

### Family Contact Information

<b>Name</b>			
<b>Phone no. (work)</b>			
<b>(home)</b>			
<b>(mobile)</b>			

<b>Name</b>			
<b>Phone no. (work)</b>			
<b>(home)</b>			
<b>(mobile)</b>			

### Clinic/Hospital Contact

<b>Name</b>			
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Phone no.

**G.P. Information**

Name

Phone no.

**FORM 2A Pupil Health Care Plan (General) (Continued)**

<b>Describe medical needs and give details of child's symptoms</b>	
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<b>Daily care requirements (e.g. before sport/at lunchtime)</b>	
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<b>Describe what constitutes an emergency for the child, and the action to take if this occurs</b>	
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<b>Follow up care</b>	
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<b>Who is responsible in an emergency (state if different for off-site activities)</b>	
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<b>Form copied to</b>	
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# FORM 2B

## Individual Health Care Plan Allergies / Anaphylaxis

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

**Child** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Class** \_\_\_\_\_

*Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.*

*Anaphylaxis Campaign*

### Emergency Contact details:

#### Contact 1

Name:

Relationship: \_\_\_\_\_

Contact numbers:

\_\_\_\_\_  
\_\_\_\_\_

#### Contact 2

Name:

Relationship: \_\_\_\_\_

Contact numbers:

\_\_\_\_\_  
\_\_\_\_\_

## Possible symptoms of allergic reactions

### A life threatening reaction

<b>Airway</b>	- Tightness or a lump in the throat, hoarse voice, hacking cough.
<b>Breathing</b>	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
<b>Conscious level</b>	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
<b>Deterioration</b>	- Symptoms getting steadily worse.

### If a child is having a life threatening reaction

<b>1. Give Autoinjector</b> in the outer thigh muscle.
<b>2.</b> Once the Autoinjector has been given, <b>Dial 999 for the ambulance.</b> even if the child is making a good recovery
<b>3.</b> If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
<b>4.</b> Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

### A non life threatening reaction

<b>Eyes</b>	- itchy, runny, swollen
<b>Nose</b>	- Itchy, runny, congested
<b>Mouth</b>	- itchy or swollen lips or mouth
<b>Skin</b>	- itchy hives or nettle rash, redness, swelling of the face or other parts of the body
<b>Gut</b>	- nausea, stomach cramps, vomiting, diarrhoea

If the child is having a non life-threatening reaction:

1. Give <b>Antihistamine</b> syrup or tablet
2. The child should <b>Rest</b> and <ul style="list-style-type: none"><li>• <b>Not</b> do strenuous exercise</li><li>• <b>Not</b> eat a heavy meal.</li><li>• <b>Not</b> have any form of fizzy drink.</li><li>• <b>Not</b> have a hot bath or shower</li><li>•</li></ul>
3. <b>Contact</b> the parents or guardian
4. <b>Do not leave the child alone</b> as the severity of symptoms can change quickly

## Emergency care

Please fill in this section if your child has been prescribed emergency medication for their allergy.

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

**Class** \_\_\_\_\_

**Name and strength of medication**

--

**When should medication be given?**

**How much medication should initially be given?**

**What action should be taken if medication is given?**

**What action should be taken if medication is not effective?**

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Non Emergency Allergic Reactions in your child at school**

**What causes the allergy/ what is your child allergic to?**

**Any other health conditions:**

**Early warning signs/Symptoms of child's allergic reaction,**

**What action should be taken if the child has an allergic reaction?**

**What can be done to help prevent or minimise allergic reaction?**

**Medications given at home (please include all medication)**

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times given

--	--	--	--

**Medication to be given in school**

Name of medicine	Is this prescribed for allergy	Strength/Amount given	Times to be given

**Heath care plan agreed by:**

Parent/carer: \_\_\_\_\_

Date \_\_\_\_\_

Healthcare professional: \_\_\_\_\_

Date \_\_\_\_\_

Member of school staff: \_\_\_\_\_

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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ 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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

## FORM 2C

# Individual Health Care Plan Asthma

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

**Child** \_\_\_\_\_

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

**Class** \_\_\_\_\_

*When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways become inflamed and starts to swell making it difficult to breathe.*

Asthma UK

### Emergency Contact details:

#### Contact 1

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_



## Contact 2

Name:

Relationship:

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_

## Emergency care

Please fill in this section if your child has been prescribed emergency medication for their asthma.

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

**Class** \_\_\_\_\_

**Name and strength of inhaler**

--

**When should inhaler be given?**

--

**How much medication should initially be given?**

--

**What action should be taken if inhaler is given?**

--

**What action should be taken if inhaler is not effective?**

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Emergency Inhalers**

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).*

*The emergency salbutamol inhaler can only be used by children, where parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.*

**..... School holds inhalers in school for use in an emergency. Please complete the form below to confirm that you consent to an emergency inhaler being used for your child.**

### **CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER**

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 will be kept in school for their use
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: .....Name(print).....

Child's name: ..... Class:  
.....

Parent's address and contact detail  
.....

.....  
.....

Telephone:.....

**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:**

**When should inhaler be given?**

**Are there any triggers for the asthma?**

**What can be done to help prevent asthma attacks?**

**Medications given at home** (please include all medication)

<b>Name of medicine</b>	<b>Is this prescribed for asthma?</b>	<b>Strength/Amount given</b>	<b>Times given</b>

**Medication to given in school**

<b>Name of medicine</b>	<b>Is this prescribed for asthma?</b>	<b>Strength/Amount given</b>	<b>Times to be given</b>



**Heath care plan agreed by:**

Parent/carer: \_\_\_\_\_

Date \_\_\_\_\_

Healthcare professional: \_\_\_\_\_

Date \_\_\_\_\_

Member of school staff: \_\_\_\_\_

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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM 2D

## Individual Health Care Plan Diabetes

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

**Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Class** \_\_\_\_\_

*Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.*

*This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance).*

### Emergency Contact details:

#### Contact 1

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_

#### Contact 2

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_



GP \_\_\_\_\_ Contact number \_\_\_\_\_

Specialist Dr/Nurse \_\_\_\_\_ Contact number \_\_\_\_\_

**Type of diabetes, details of condition**

**Any other health conditions/ Allergies etc:**

**Blood glucose monitoring:**

Blood glucose target before eating.....

Blood glucose target after eating.....

**Monitoring procedure**

**Insulin administration regime**

--

**Medications given at home** (please include all medications given)

<b>Name of medicine</b>	<b>Is this prescribed for diabetes?</b>	<b>Strength/Amount given</b>	<b>Times given</b>

**Medication to given in school**

<b>Name of medicine</b>	<b>Is this prescribed for diabetes?</b>	<b>Strength/Amount given</b>	<b>Times to be given</b>

--	--	--	--

## Emergency care

Please fill in this section to give details of emergency procedures .

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

**Class** \_\_\_\_\_

### Signs of hypoglycaemia (Hypo) - blood sugars too low

--

### Action to be taken if Hypo occurs

--

### Signs of Hyperglycaemia (Hyper) - blood sugars too high

--

### Action to be taken if Hyper occurs

--

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

**Suggested Daily Routine**, e.g. times to eat, times for blood glucose monitoring etc

**Plan for physical Activity**

**Further information that may be useful to school**

**Health care plan agreed by:**

Parent/carer \_\_\_\_\_

Date \_\_\_\_\_

Healthcare professional \_\_\_\_\_

Date \_\_\_\_\_

Member of school staff \_\_\_\_\_

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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Designation: \_\_\_\_\_ Date \_\_\_\_\_

## FORM 2E

# Individual Health Care Plan Epilepsy

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

**Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Class** \_\_\_\_\_

*Having epilepsy means that you have a tendency to have epileptic seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain, which causes a temporary disruption in the way the brain normally works.*

*Epilepsy.org.uk*

### Emergency Contact details:

#### Contact 1

Name:

\_\_\_\_\_  
Relationship:

Contact numbers:

\_\_\_\_\_  
\_\_\_\_\_

#### Contact 2

Name:

---

Relationship:

---

Contact numbers:

---

---

**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?**

**What happens after a seizure and how long does it usually take to recover?**

--

**Medications given at home** (please include all medications given)

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times given

**Medication to given in school**

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times to be given



--	--	--	--

## Emergency care

Please fill in this section if your child has been prescribed emergency medication for their epilepsy.

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

Class \_\_\_\_\_

### Name and strength of medication

--

### When should the medication be given?

--

### How much medication should initially be given?

--

### What action should be taken if medication is given?

--

### Date Plan Completed

Signed \_\_\_\_\_ Name \_\_\_\_\_

**Date** \_\_\_\_\_

**Health care plan agreed by:**

Parent/carer: \_\_\_\_\_ Date \_\_\_\_\_

Healthcare professional: \_\_\_\_\_ Date \_\_\_\_\_

Member of school staff: \_\_\_\_\_ 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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM 2F

## Individual Health Care Plan

Name of Condition:.....

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child \_\_\_\_\_

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

Class \_\_\_\_\_

**Summary description of medical and health complications associated with this condition:**

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

**Emergency Contact details:**

**Contact 1**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_

**Contact 2**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

\_\_\_\_\_

## Emergency care

Please fill in this section if your child has been prescribed emergency medication for managing this condition.

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

**Class** \_\_\_\_\_

**Name and strength of medication**

--

**When should the medication be given?**

--

**How much medication should initially be given?**

--

**What action should be taken if medication is given?**

--



## **Non Emergency Care of this pupil's condition**

**Likely source, cause or early warning signs associated with this condition that would signal to school staff that something requiring medical help might be about to happen?**

**Any other health conditions to be considered alongside this condition:**

**Description of how this condition affects this child/young person:**

**How long do complications/attacks with this condition usually last?**

**When this condition becomes a problem how long does it usually take to recover?**

**Medications given at home** (please include all medications given)

<b>Name of medicine</b>	<b>Is this prescribed for this condition?</b>	<b>Strength/Amount or dose given</b>	<b>Times given</b>

**Medication to given in school**

<b>Name of medicine</b>	<b>Is this prescribed for this condition?</b>	<b>Strength/Amount or dose to give</b>	<b>Times to be given</b>





## Date Plan Completed

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

## Health care plan agreed by:

Parent/carer: \_\_\_\_\_ Date \_\_\_\_\_

Healthcare professional: \_\_\_\_\_ Date \_\_\_\_\_

Member of school staff: \_\_\_\_\_ 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 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. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

## Plan reviewed

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM 3A****Parental Agreement for School/Setting to Administer Medicine (short-term)**

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 the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

<b>Name of school/setting</b>	
<b>Name of child</b>	
<b>Date of birth</b>	/ /
<b>Group/class/form</b>	
<b>Medical condition or illness</b>	

**Medicine**

<b>Name/type of medicine (as described on the container)</b>	
<b>Date dispensed</b>	/ /
<b>Expiry date</b>	/ /
<b>Agreed review date to be initiated by</b>	[name of member of staff]
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any side effects that the school/setting needs to know about?</b>	
<b>Self administration</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Procedures to take in an emergency</b>	

**Contact Details**

<b>Name</b>	
<b>Daytime telephone no.</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>I understand that I must deliver the medicine personally to</b>	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

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

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Parent/Carer's Signature	
Print Name	Date

### FORM 3B

## Parental Agreement for School/Setting to Administer Medicine (long-term)

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 the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

<b>Parent/Carer's signature</b>			
<b>Print name</b>		<b>Date</b>	

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

# FORM 4

## Head Teacher/Head of Setting Agreement to Administer Medicine

<b>Name of school/setting</b>	
-------------------------------	--

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 parent/carers].

<b>Signature</b>			
<b>Print Name</b>		<b>Date</b>	

*(The Head teacher/Head of setting/named member of staff)*

# FORM 5

## Record of Medicine Administered to an Individual Child

<b>Name of school/setting</b>	
<b>Name of child</b>	
<b>Date medicine provided by parent/carer</b>	/ /
<b>Group/class/form</b>	
<b>Quantity received</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	/ /
<b>Quantity returned</b>	
<b>Dose and frequency of medicine</b>	

<b>Staff Signature</b>		<b>Signature of Parent/Carer</b>	
------------------------	--	----------------------------------	--

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

**Form 5 Record of medicine administered to an individual child (Continued)**

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

## FORM 6

### Record of Medicines Administered to all Children

**Name of school/setting**

Date	Child's name	Time	Name of Medicine	Dose given	Any Reaction
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



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

<b>Signature</b>		<b>Print Name</b>	
------------------	--	-------------------	--

# FORM 7

## Request for Child to Carry His/Her Own Medicine

(This form must be completed by parent/carers/guardian)

**If staff have any concerns discuss this request with healthcare professionals.**

### School/Setting Information

<b>Name of school/setting</b>	
<b>Child's name</b>	
<b>Group/class/form</b>	
<b>Address</b>	
<b>Name of medicine</b>	
<b>Procedures to be taken in an Emergency</b>	

### Contact Information

<b>Name</b>	
<b>Daytime phone no.</b>	
<b>Relationship to child</b>	

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

<b>Signature</b>	
<b>Print Name</b>	<b>Date</b>

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

## FORM 8 Staff Training Record – Administration of Medicines/Medical Support

<b>Name of school/setting</b>	
<b>Name</b>	
<b>Type of training received</b>	
<b>Date of training completed</b>	/ /
<b>Training provided by</b>	
<b>Profession and title</b>	

### For Trainer

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

Trainer's signature	
Print Name	Date

**For Staff**

I confirm that I have received the training detailed above.

Staff signature	
Print Name	Date
Suggested review date	

## FORM 9 Authorisation for the Administration of Rectal Diazepam

Name of school/setting	
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	

[name of child] should be given Rectal Diazepam mg. If he/she has

<ul style="list-style-type: none"> <li>*a prolonged epileptic seizure lasting over minutes.</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>*serial seizures lasting over minutes.</li> </ul>
---

An Ambulance should be called for [name of child]

<ul style="list-style-type: none"><li>• *at the beginning of the seizure.</li></ul> <p style="text-align: center;"><b><u>OR</u></b></p> <ul style="list-style-type: none"><li>• *if the seizure has not resolved after            minutes.</li></ul>
--

(\* please delete as appropriate)

<b>Doctor's signature</b>		
<b>Print Name</b>		<b>Date</b>

<b>Parent/Carer's signature</b>		
<b>Print Name</b>		<b>Date</b>

<b>The following staff have been trained</b>		
<b>Trainers name</b>	<b>Trainers post</b>	

**FORM 9 Authorisation for the Administration of Rectal Diazepam (Continued)**

**NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much medicine should be given?

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar.**

# FORM 10

## Authorisation for the Administration of Buccal Midazolam

<b>Name of school/setting</b>	
<b>Child's name</b>	
<b>Date of birth</b>	/ /
<b>Home address</b>	
<b>G.P.</b>	
<b>Hospital consultant</b>	

[name of child] should be given Buccal Midazolam mg. If he/she has

<ul style="list-style-type: none"> <li>*a prolonged epileptic seizure lasting over minutes.</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>*serial seizures lasting over minutes.</li> </ul>
---

An Ambulance should be called for [name of child]

<ul style="list-style-type: none"> <li>*at the beginning of the seizure.</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>*if the seizure has not resolved after minutes.</li> </ul>
---

(\* please delete as appropriate)

<b>Doctor's signature</b>	
<b>Print Name</b>	<b>Date</b>

<b>Parent/Carer's signature</b>	
<b>Print Name</b>	<b>Date</b>

<b>The following staff have been trained</b>	
<b>Trainers name</b>	<b>Trainers post</b>

**FORM 10 Authorisation for the Administration of Buccal Midazolam (Continued)**

**NB: Authorisation for the administration of buccal midazolam**

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- When the midazolam is to be given e.g. after 5 minutes; and

- How much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar.**