

Orleans Primary School



Supporting Pupils with Medical Conditions Policy

Governor's Committee Responsible	Full Governing Body
Status	Statutory
Review Cycle	3 yearly
Date written/last review	November 2025
Date of next review	November 2028

Signature Head of School

Date:

Signature Chair of Governors:

Date:

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents at Orleans Primary School understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of the pupil's condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual medical care plans and healthcare plans. (IHPs)
- The person with responsibility for implementing this policy is the headteacher.

2. Legislation and statutory responsibilities

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

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

We are aware that many children with medical needs will have lifelong conditions, but others may have medical needs which are short term. Pupils with medical conditions may require support at school to manage their attendance and mitigate the needs for absence or the emotional impacts which are often associated with medical conditions. Some pupils with medical conditions will also have Special Educational Needs (SEND) which are supported through an Education, Health and Care Plan (EHC). Where this is the case, we will integrate the health care planning into the EHC. Where pupils have a current Statement of Special Educational Needs (SEN), we will review the Health Care Plan alongside the Statement review process.

This policy and practice document sits alongside the school's SEN Policy for supporting the Special Educational Needs of pupils at Orleans Primary School. The underlying aim of both policies is to ensure that all pupils in our school can fully access the life of the school and are enabled to manage their condition with increasing independence and confidence.

3. Roles and Responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head of School

The Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Teachers will ensure relevant medication is known to all adults that teach the child and have medicines in an accessible place known to them and the child.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Inform the school if their child's medical needs change.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support

needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

In some circumstances, our school nursing service or another outside agency will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

They will also offer support and guidance to staff as well as training if required to support the needs of a child with medical needs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When a pupil joins our school, their parents / carers are asked to provide thorough information about any medical conditions their child has. When the school receives this information, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place **within 2 weeks**, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual Healthcare Plans

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. The Inclusion Manager has the responsibility for writing IHPs or Medical Care Plan. See Appendixes for IHP/Medical Care Plan template

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

Depending on the need, plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. Where specific training is needed ie asthma or diabetes, the relevant professionals will come into school to train specific members of staff. The pupil will also be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Headteacher/Inclusion Manager will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, ELSA sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name, dosage and class
- Provided in the original container, as dispensed by the pharmacist
- Include instructions for administration, dosage and storage and have filled in the relevant form (see appendix)

A maximum of 4 weeks' supply of the medicine may be provided to the school at one time.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the medical room or in class dependent on what the medicine is. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Spare adrenaline pens are kept in the medical room.

Medicines will be returned to parents to arrange for safe disposal when no longer required or out of date.

Written records will be kept of any medication given to pupils and stored centrally in the medical room.

Orleans primary School cannot be held responsible for side effects that occur when medication is taken.

Staff will also not force a pupil, if the pupil refuses to comply with their health procedure, the resulting actions will be to inform parents immediately

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Storing of medicines

Safe Storage – Emergency Medication

- Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and

needs to be locked up, the keys are readily available and not held personally by members of staff.

Safe Storage – Non Emergency Medication

- All non-emergency medication is kept in a secure place, in a cool, dry, high-up, out of reach of children's cupboards. Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – General

- There is an identified member of staff who ensures the correct storage of medication at school (Welfare Assistant).
- Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and the dose of the medication and the frequency of the dose.
- Medication is stored, where possible in the original container and in accordance with the storage instructions. Where medication needs to be refrigerated, it is stored in an airtight container in the fridge in the medical room.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in the summer holidays.
- It is the parent's responsibility to ensure new and in-date medication comes into school on the first day of the new academic year.

Safe Disposal

- Parents at Orleans Primary School are asked to collect out of date medication.
- Any medication not collected at the end of the summer term is taken to a local pharmacy for safe disposal.
- Where necessary sharps boxes are used for the disposal of needles.

7.3 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

7.5 Day Trips, Residential Visit and Sporting Activities

- Thorough and complete arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice, risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals, etc., on trips and visits will be separate to the normal day to day IHP requirements for the school day.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the head and deputy. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

When a child is administered medicine in school that has been agreed with a parent it will be recorded on the medicine administering schedule sheet. (Appendix 4)

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Teachers who undertake responsibilities within this policy will be assured by the Head of School that they are covered by the Local Authority/School's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the school in the first instance. If the Head of School cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

15. Definitions

‘Parent(s)’ is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

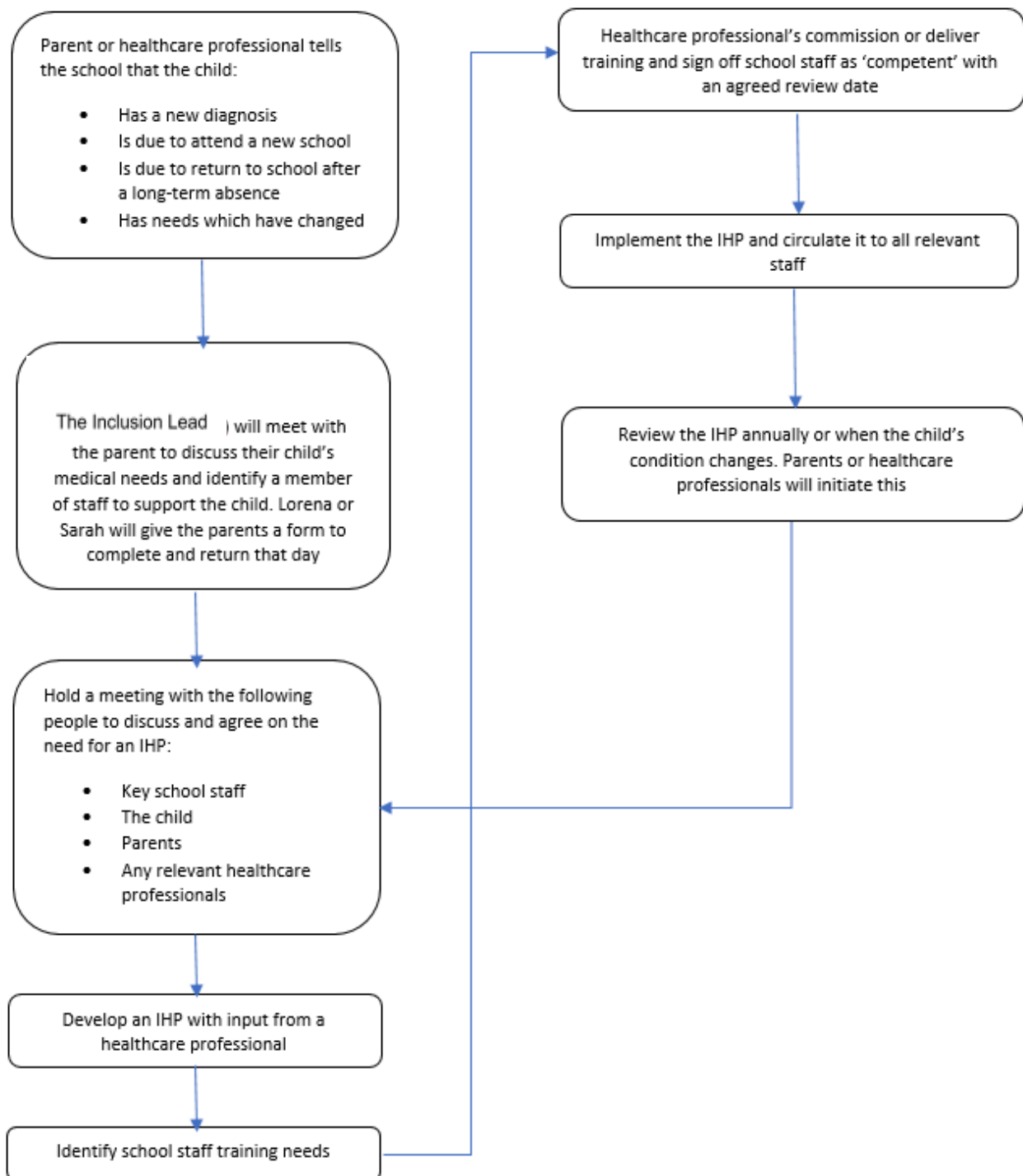
‘Medical condition’ for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being ‘unwell’ and common childhood diseases are not covered.

‘Medication’ is defined as any prescribed or over the counter treatment.

‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

A ‘staff member’ is defined as any member of staff employed at Orleans Primary School.

Appendix 1: Being notified a child has a medical condition



Our school process is that once a parent or outside agency has advised the school that there has been a new diagnosis/a change to their child's medical needs or is due to return to school after a long absence, the Inclusion manager will meet with the parent to discuss their child's medical needs and complete the healthcare plan form. This information will be shared with our Welfare lead before the end of the day. A cover letter will also be sent to the parents.



Individual Healthcare Plan

Name of School:	Orleans Primary School
Child's Name:	
Class (Year Group and Name of Class):	
Date of Birth:	
Child's Address:	
Medical Diagnosis or condition:	

Clinic/Hospital Contact

Name:	
Phone Number:	
Name of Hospital:	

GP Contact Details

Name of Surgery:		
Phone Number:		
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, special equipment or devices, environmental issues etc:		
Name of Medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:		

Daily Care Requirements:	

Arrangements for school visits / trips:	
Other Information:	
Plan developed by:	Parents/Carers
<p>The above information is, to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is a change in dosage or frequency of the medication or if the medicine is stopped.</p>	
Signature:	
Relationship to Child:	
Date:	

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed: _____

(PRINT NAME)

Date: _____

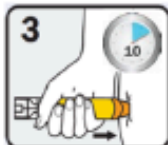
How to give EpiPen®



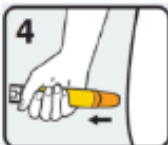
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 05/2017

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY:

Persistent cough, hoarse voice
difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing,
wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME:

Hospital/Clinic:



Date: 11 Jan, 2018



Individual Healthcare Plan

Asthma

Name: DOB: Contact Details of Parent/Guardian:	GP Name: Surgery Address: Surgery Phone No:												
What Triggers My Asthma? Name of prescribed medication: Location of medication: In an emergency I <u>do/do not</u> give consent for my child to receive a generic reliever inhaler Signature of parent/guardian _____ Date: _____ Print Name _____													
Health Care Needs In School <table><tr><td>Uses a spacer device with the reliever inhaler</td><td>Yes</td><td>No</td></tr><tr><td>May need to take reliever inhaler before physical activity</td><td>Yes</td><td>No</td></tr><tr><td>May need to take reliever inhaler during physical activity</td><td>Yes</td><td>No</td></tr><tr><td colspan="3">Other indications for use: (e.g. colds)</td></tr></table>		Uses a spacer device with the reliever inhaler	Yes	No	May need to take reliever inhaler before physical activity	Yes	No	May need to take reliever inhaler during physical activity	Yes	No	Other indications for use: (e.g. colds)		
Uses a spacer device with the reliever inhaler	Yes	No											
May need to take reliever inhaler before physical activity	Yes	No											
May need to take reliever inhaler during physical activity	Yes	No											
Other indications for use: (e.g. colds)													

(Other healthcare needs can be added)

Health Care Plan Completed By:

Designation:

ate:

I am satisfied that this reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date:

Print Name

Health Care Plan Review Date:

Actions to Relieve Asthma Symptoms

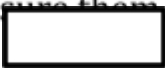
REMEMBER: Never leave someone with asthma symptoms.

Early Symptoms

Coughing	Shortness of Breath	Wheezing
Tightness in chest	Unusually quiet	Tummy ache (younger children)

Action

- Sit up and slightly forward
- Take puffs of reliever medication (usually Blue), preferably through a spacer.
- Loosen clothing.
- Reassure them



Return to class when feeling well again and notify parent.

***N.B. If symptoms occur less than four hours after inhaler has been given, or more than four times in 24 hours, the child will need to be reviewed in A&E**

Worsening Symptoms

minutes

Symptoms do not improve in 5-10

Too breathless to talk

Lips or fingernails grey/blue colour

Action

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent






Individual Healthcare Plan



Epilepsy


Name: DOB: Contact Details of Parent/Guardian:	GP Name: Surgery Address: Surgery Phone No:
Health Care Needs In School Wears a medical alert bracelet <input type="checkbox"/> Carries a medical pass in school <input type="checkbox"/> <i>(Other healthcare needs can be added)</i>	Rescue Medication: Yes No Name of prescribed rescue medication: Dose: Location of medication:
Type of Seizure Usually Experienced: <i>(eg. absence, tonic clonic, drop seizures, focal seizures)</i>	
Features/description of seizures: <i>(eg. Jerking, stiffness, frothing of the mouth, eyes staring/rolling/fixed)</i>	
I am satisfied that the information reflects my child's health care needs in school and I have supplied a copy of a recent clinic letter from my child's doctor confirming the details. Signature of Parent/Guardian: _____ Date: _____ Print Name: _____ Health Care Plan Review Date: _____ Health Care Plan Completed By: _____ Designation: _____ Date: _____	

Care for Someone Having a prolonged Generalised Seizure

<p>DO </p> <ul style="list-style-type: none"> • Keep calm. • Prevent physical injury by moving hazards out of the way. • If they have a warning (aura), encourage them to sit or lie down to reduce injury risk. • Maintain their dignity and privacy as much as possible. • Put something soft under their head. • Keep a record of the seizure (how long it started and finished). • Get emergency medication • Administer Buccal Midazolam mg after 5 minutes and/or three short seizures in an hour (amend as appropriate – see recent clinic letter for details) and call an ambulance. • When the jerking has stopped, put in the recovery position. • Contact parent/guardian. <p>**ONLY ONE DOSE OF BUCCAL MIDAZOLAM CAN BE ADMINISTERED IN 24 HOURS</p>	<p>Don't </p> <ul style="list-style-type: none"> • DO NOT move the person unless absolutely necessary. • DO NOT restrain their movements. • DO NOT put anything between their teeth. Do not give anything to eat or drink until fully conscious.
	<p>CALL 999 - </p> <ul style="list-style-type: none"> • Once emergency medication has been administered. • There are any injuries or breathing difficulties.

Care for Someone Having a Non-Convulsive Seizure.

<p>DO </p> <ul style="list-style-type: none"> • Guide away from danger and protect from injury. • Be calm and reassuring. • Repeat any instructions / information which might have been missed. • Note how long the seizure lasts. • Record/document the event. <p>**For more information please refer to www.epilepsy.org.uk</p>	<p>Don't </p> <ul style="list-style-type: none"> • Do not restrain them. • Do not try to bring them around. • Do not assume they are aware of what is happening • Do not give them anything to eat or drink until fully recovered.
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	 CALL 999 IF - <ul style="list-style-type: none"> • Seizure last longer than 5 minutes. • If the person is injured or you feel they need medical attention.
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ORLEANS PRIMARY SCHOOL

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.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed 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 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.

Signature(s)

Date

Appendix



ADMINISTERING MEDICINE – SIGN IN AND OUT RECORD

CHILDS NAME	CHILDS CLASS	MEDICINE NAME	MEDICINE DOSAGE AMOUNT TO BE GIVEN	MEDICINE DOSAGE TIMES TO BE GIVEN	STAFF NAME	SIGNED IN:	SIGNED OUT:
CHILDS NAME	CHILDS CLASS	MEDICINE NAME	MEDICINE DOSAGE AMOUNT TO BE GIVEN	MEDICINE DOSAGE TIMES TO BE GIVEN	STAFF NAME	SIGNED IN:	SIGNED OUT:
CHILDS NAME	CHILDS CLASS	MEDICINE NAME	MEDICINE DOSAGE AMOUNT TO BE GIVEN	MEDICINE DOSAGE TIMES TO BE GIVEN	STAFF NAME	SIGNED IN:	SIGNED OUT:
CHILDS NAME	CHILDS CLASS	MEDICINE NAME	MEDICINE DOSAGE AMOUNT TO BE GIVEN	MEDICINE DOSAGE TIMES TO BE GIVEN	STAFF NAME	SIGNED IN:	SIGNED OUT: