



## Denmark Road High School

# Supporting pupils with medical conditions Policy

2020-21

**Approved by:** Trust Board **Date:** 24.9.2020

**Signed:** DocuSigned by:  
*Richard Bowman* **Date:** 24.9.2020  
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**Last reviewed on:** September 2020

**Next review due by:** September 2021 (annual review)

## Introduction

Please use the following documents when working with students who have medical conditions. This document includes the following templates:

- **Form A: Individual healthcare plan**
- **Form B: Parental agreement for setting to administer medicine**
- **Form C: Record of medicine administered to an individual child**
- **Form D: Record of medicine administered to all children**
- **Form E: Staff training record – administration of medicines**
- **Form F: Contacting emergency services**
- **Form G: Letter template inviting parents to contribute to individual healthcare plan development**

## Form A: Individual healthcare plan

Name of school	Denmark Road High School
Student name	
Group/class/form	
Date of birth	
Student address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to student	
Phone no. (work)	
(home)	
(mobile)	

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the students educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Form B: Parental agreement for setting to administer medicine

DRHS will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or illness

Denmark Road High School

### 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  
DRHS 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 student

Address

I understand that I must deliver the  
medicine personally to (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 staff administering medicine in accordance with DRHS policy. I will inform DRHS immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Date \_\_\_\_\_

# Form C: record of medicine administered to an individual child

Please check the 5 rights before administering medication:

## 1. Right Person:

Check you are giving the medicines to the right person by:

- Asking them what their name is
- Looking at their picture on SIMS/picture on medication
- Cross referencing name on their medication with SIMS

## 2. Right Time:

- Check the time and any preferences and choices recorded on the parental agreement relating to time and place (form B)

## 3. Right medication:

- Check that the name of the medication on the packaging matches the parental agreement/packaging

## 4. Right dosage:

- Check the dosage of the medication matches the parental agreement/packaging

## 5. Right Route:

- Check the administration instructions and the parental agreement and packaging, any special instructions, and any preferences e.g. before food, swallow whole, do not take with indigestion remedies, and likes to take off a spoon with yoghurt

Name of school/setting

Denmark Road High School

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 \_\_\_\_\_

Signature of parent \_\_\_\_\_

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			

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			







## Form E: staff training record – administration of medicines

Name of school

Denmark Road High School

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 to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_



## From F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

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

1. your telephone number
2. your name
3. your location as follows **Denmark Road High School**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code. **GL1 3JN**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



## **Form G: template letter inviting parents to contribute to individual healthcare plan development**

Dear Parent/Carer

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely