



**Medical Consent Form Caregiver**

We Mr. \_\_\_\_\_ and Mrs. \_\_\_\_\_ do authorize  
Mr. /Mrs. /Mrs. \_\_\_\_\_ of telephone \_\_\_\_\_ to  
have legal authority and take care of our children in case of any medical emergency or  
incidence while we are away. They are authorized to make any medical decisions in case  
of our absence.

For more information you can reach us on the this number \_\_\_\_\_

**Children information**

Child 1 name: \_\_\_\_\_

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# Administration of Medicines

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## Guidance for Ark Academies

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David Allen

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## **INTRODUCTION**

Most children will at some time have short-term medical needs whilst others may have longer term medical needs and require medicines on a more permanent basis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Ideally Ark would rather not have its Academies administer medicines to children but appreciate that this is not always practical.

Children with medical needs have the same rights of admission to a school or setting as other children. Where clinically appropriate, medicines for children should be prescribed in dose frequencies which enable it to be taken outside school hours.

There may be occasions where the parent cannot administer the dosage, where it must be taken in school time or the child has a chronic need of medication. In such circumstances, establishments should ensure appropriate procedures are adopted.

This document is intended to provide guidance on appropriate procedures and should be read in conjunction with the Ark Policy for Supporting Pupils with Medical Conditions.

## **LEGISLATION**

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- SEN and Disability Act 2001
- Disability Discrimination Act 1995
- Misuse of Drugs Act 1971
- Medicines Act 1968
- Education (School Premises) Regulations 1999
- Education Act 1996

## **WHAT YOU NEED TO DO**

- Develop an appropriate policy on the administration of medicines
- Determine the support that a child requiring medication may be given
- Consider the legal obligations for inclusion, disability, health & safety
- Ensure that all interested parties are consulted when making a decision
- Develop an individual health plan where support can be offered
- Review or undertake a risk assessment
- Ensure staff receive adequate information, instruction and training to implement the health plan
- Ensure that medicines are accepted, stored and administered according to the health plan
- Ensure that appropriate emergency procedures are in place

## LEGAL POSITION

Legislation strengthens the right of children with Special Educational Needs (SEN) (including those with medical needs) to be educated in mainstream schools.

Under disability legislation, all settings are required not to treat a disabled child 'less favourably' than any other child for a reason relating to their disability, which can include medical conditions.

Establishments are required to make reasonable adjustments for disabled children at different levels of school life which should be reflected in school policies and procedures. Adjustments will include making physical alterations to premises and the provision of auxiliary aids and services.

There may sometimes be justification for less favourable treatment, but it may not be possible to justify if there is a reasonable adjustment that might have been made but was not.

Schools should consider the issue of managing administration of medicines and supporting children with more complex health needs as part of their overall accessibility planning duties.

Under health and safety legislation, the employer at a school or setting must do all that is reasonably practicable to ensure the health, safety and welfare of pupils and ensure such pupils are not put at risk.

The responsibility of the employer is to make sure that safety measures cover the needs of *all* children at the school or setting. This may mean making special arrangements for children with medical needs.

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition so as to enable schools and settings to do all that is reasonably practicable to ensure the health, safety and well-being of pupils.

There is no legal duty that requires schools or settings staff to administer medicines. In practice though, many school staff do volunteer.

Schools can develop roles for support staff that build the administration of medicines into their core job description. Support staff may have such a role specified in their contract of employment.

In an emergency situation, staff acting *in loco parentis* would be required at common law to secure such help and take such action to assist a pupil as would a reasonably prudent parent.

Even in an emergency, however, staff will not be expected to carry out complex or risky procedures for which they are not trained.

## ARK POLICY ON THE ADMINISTRATION OF MEDICINES

Ark believes that children with medical needs have the same rights of admission to a school or setting as other children, taking into account the legislative requirements relating to inclusion, disabilities, health, safety and well-being of children with medical needs.

Ark also recognize that there is no legal obligation on employees to administer medications unless they do so on a voluntary basis or it is clearly specified within the contract of employment for the individual.

It is the responsibility of each school or setting to determine their own policy on the administration of medications, taking into consideration statutory responsibilities and their own assessment of local needs and resources.

Where schools and settings determine that it is reasonable to administer medications, they will be required to follow the guidance and procedures in this document and the Department for Education Publication: Managing Medicines in Schools and Early Years Settings.

## **DEVELOPING A SCHOOL POLICY**

A clear policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive the most appropriate care and support.

Policies should aim to enable regular attendance. A policy should cover:

- Procedures for managing prescription medicines which need to be taken during the school day
- Procedures for managing prescription medicines on trips and outings
- A clear statement on the roles and responsibility of staff managing administration of medicines
- A clear statement on parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- The school or setting policy on assisting children with long-term or complex medical needs
- Policy on children carrying and taking their medicines themselves
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines
- School's emergency procedures
- Risk assessment and management procedures

## **DETERMINING NEEDS OF A CHILD**

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition.

Co-ordinating and sharing information on an individual pupil with medical needs can be difficult. The head teacher should decide which member of staff has specific

responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided.

Close co-operation between schools, parents, health professionals and other agencies will help determine how best a child can be supported, taking account of legislative requirements and what is deemed to be reasonable or reasonably practicable.

Where parents' expectations appear unreasonable, the Head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer.

## **CONSENT TO ADMINISTER MEDICINES**

Where the decision is taken to administer medications, parents/carers should sign a Consent Form to this effect.

## **HEALTH CARE PLANS**

Once agreement has been reached on the support that can be provided, a 'Health Care Plan' should be developed. An individual health care plan clarifies for staff, parents and the child the help that can be provided.

Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary, depending on the circumstances.

A Health Care Plan should include the following:

- Details of a child's condition
- Special requirement e.g. dietary needs,
- Pre-activity precautions
- Medicine storage, access and administration
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

The Health Care Plan should be reviewed annually and/or if major changes to the care given is required.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the care plan needs to be disseminated to relevant school staff but balanced with the need to keep confidential information secure.

Ideally, the Head Teacher should seek parents' agreement before passing on information about their child's health to other school staff.

## RISK ASSESSMENT

It may be advisable to carry out a risk assessment in relation to the administration of medicines. This can identify any hazards associated with the safe storage and administration of medicines and determine any specific control measures that may be required (e.g. personal protective equipment, training etc).

## STAFF INFORMATION AND TRAINING

It is important that school staff who agree or are required to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Appropriate training can be sought from Ark Learning and Development Team.

## ACCEPTING MEDICINES

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of the establishment.

Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown:

- Child's name, date of birth
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food etc
- Expiry date whenever possible
- Dispensing date

Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Over the counter medicines, e.g. hayfever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication.

It is recommended that schools **do not** keep stock supplies of analgesics e.g. paracetamol, for potential administration to any pupil.

## STORAGE AND ACCESS

Wherever appropriate, children in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities.

Children in primary schools generally will not be in charge of their own medication, except for medication such as asthma inhalers, dextrose tablets. This will depend on the child's age, maturity, parent/carer and school consent.

Generally non-emergency medication should be stored in a locked cupboard preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator.

All emergency medication e.g. inhalers, Epipens, dextrose tablets and anticonvulsants must be readily accessible but stored in a safe location known to the child and relevant staff. Possible locations include the classroom, medical room, school office or head teacher's office. Children should know where their own medicines are stored and who holds the key.

Medication should be returned to the child's parent/carer whenever:

- The course of treatment is complete;
- Labels become detached or unreadable
- Instructions are changed
- The expiry date has been reached

## **ADMINISTERING MEDICINES**

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.

If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should, where necessary, have access to protective equipment as determined by the risk assessment.

## **SELF-MANAGEMENT**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this.

If children can take their medicines themselves, staff may only need to supervise.

The policy should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child

## **VISITS AND ACTIVITIES**

Medication required during a school trip should be carried by the pupil, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must complete a Consent Form if their child requires any medication whilst on a school trip or visit.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Most children with medical needs can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

It is essential to inform all staff members involved with activities, after school clubs or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

## **EMERGENCY PROCEDURES**

In an emergency situation, teachers and other staff are expected to use their best endeavours at all times. All staff should also know who is responsible for carrying out emergency procedures in the event of need, as detailed in the Health Care Plan.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.

## **FORMS AND RECORDING KEEPING**

In addition to a Policy, establishments should develop the following forms:

- School and parental agreement to administer medicines
- Health care plan
- School and parental agreement to carry own medicines
- Record of medicine administered
- Staff training record

Sample forms are available in the publication *Managing Medicines in Schools and Early Years Settings*.

## **FURTHER INFORMATION**

*Managing Medicines in Schools and Early Years Settings* and other information is available from:

<https://www.gov.uk/government/publications/managing-medicines-in-schools-and-early-years-settings>

**EXAMPLE FORMS**

**ARK Schools**

**Medicine Record**

<b>Responsible staff</b>			
<b>Student's name</b>			
<b>Class</b>		<b>Age</b>	
<b>Name of medicine</b>			
<b>How much to be given (dose)</b>		<b>When to be given</b>	
<b>How to be stored</b>			
<b>Any other instructions</b>			
<b><i>Medication to be in original container with label as dispensed by pharmacy</i></b>			
<b>Name of parent or adult contact</b>		<b>Contact number</b>	
<b>Name of GP</b>		<b>Contact number</b>	
<b><i>The school will not administer or allow your child to take medication unless you complete and sign this form.</i></b>			
<b><i>I understand that I must deliver the medicine safely to the school reception and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately of any change in dosage or frequency of the medicine or if the medicine is stopped.</i></b>			
<b><i>I am satisfied with the arrangements for administering medicine to my daughter/son</i></b>			
<b>Signature</b>		<b>Date</b>	



**ARK Schools - Record of medicines administered to an individual child**

Student	Medication	Dosage	Name and Tel. No. of GP prescribing medication	Tablets received from parent/carer		Time(s) medication to be given to student	Name of staff administering the medicine
				Amount	Date		

Week Commencing:	Time medication given to student	Dosage given to student	Confirmation slip for medication taken given to student		Signature of staff administering the medicine
			Yes	No	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Number of tablets remaining brought forward from previous week:			Date parent/carer contacted for additional tablets:		
Number of tablets remaining week/ending:			Date tablets received:		
			Total number of tablets :		

**NB A separate sheet to be used for each medication being administered**

