



MARLCLIFFE PRIMARY SCHOOL

Supporting Children with Medical Needs Policy (Including Managing Medicines)

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The main aim of this policy is to ensure that all pupils have full access to education and learning, including those children who have medical needs. The allocation of duties for the administering and control of medicines, and the particular arrangements which we will make to implement this policy are set out below.

1. Management of prescription medicines that need to be taken during the school day

1.1 Parents/carers should provide full written information about their child's medical needs. Short-term prescription requirements (duration of 10 days or less) should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. Where clinically possible, medicines should be administered in dose frequencies that enable them to be taken outside school hours. A Form 2 should be completed and signed prior to commencement of administering any medication on a short-term basis. A Form 3 should be completed and signed prior to commencement of administering any medication on a long-term or as required basis.

1.2 School will not accept medicines that have been taken out of a container as originally dispensed, nor make changes to prescribed dosages.

1.3 School will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, without parental written consent (Form 2 or Form 3). Permission from the Headteacher will be sought for the administering of non-prescribed medication. The school will inform parents of this policy.

1.4 National Guidance states: "a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken." School will inform parents of this if they are asked to administer any non-prescribed medicines containing aspirin. School will call to confirm the timing of the last dose if required.

1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act and are referred to as controlled drugs. 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 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 (if prescribed medicine)

- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

1.7 Children with asthma will have an asthma card in place which provides details about the use of their inhalers. Inhalers are stored within the classroom. Information can also be accessed via an online document that staff have access to.

2. Procedures for managing medicines on trips and outings and during sporting activities

2.1 The school 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 Any staff who have concerns about how they can best provide for a child's safety, or the safety of other children on a visit, should seek parental views and medical advice from the school health

service or the child's GP. Staff should refer to the DFE guidance on planning educational visits for further information.

2.3 Medical needs of individual children e.g. asthma will be recorded on the general risk assessment sheet. All staff taking part on a trip/visit must be aware of which children require medical assistance.

2.4 Controlled drugs such as Ritalin will be kept in a sealed container by the designated first aid member of staff during the course of the trip/visit until it is administered.

2.5 The school 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 School Health Care Plan or SEND paperwork.

2.6 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.

2.7 The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice to the home to school transport team regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, or the supervision of administration of medicines

3.1 Close co-operation between schools, settings, parents/carers, health care 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 will include temporary, supply and voluntary staff when informing of arrangements for the administration of medicines. This information is included in staff induction and supply information packs.

3.4 The school will designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Staff responsible for administering medicines to a child should only do so when they have received sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. A Form 6 Staff Training Record should be completed following staff training, and consent gained from the staff member for them to administer medicines to children.

3.6 Where the Headteacher 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 has been agreed to be administered to a child, all doses administered should be recorded on a Form 4a. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody. These will be locked in the appropriate medical room cabinet. The key can be obtained by designated staff from the office. Emergency medication such as an Epipen will be stored safely in classroom.

3.8 If a child refuses to take their medication, staff will not force them to do so. Staff will record the incident and follow agreed procedures if the child has School Health Care Plan. Parents/carers will be informed of the refusal as soon as possible and next steps will be agreed. If refusal results in an emergency, the school'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.

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

4.1 It is the parents/carers' responsibility to provide the school leadership team with sufficient written information about their child's medical needs if treatment or special care is needed. If the condition or medication changes, parents should notify the school as soon as possible and the School Health Care Plan revised accordingly.

4.2 Parents are expected to work with the school leadership team 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 school will share medical information about a child with staff as required. This 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. It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

4.5 Only one parent/carer is required 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 has day-to-day contact.

4.6 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. A Form 2 or Form 3 Parental Agreement needs to be completed and signed by parents/carers

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

Where there are long-term medical needs for a child, a School Health Care Plan should be completed, using Form 1, involving both parents/carers and relevant health professionals. NHS care plans are also in place. The initial individual School Health care Plan should include input from any medical teams supporting the child. Reviews may be made without them if this is appropriate.

5.1 A School Health Care Plan clarifies the help that can be provided by the school. Staff, parents/carers and the child should be aware of the plan. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

5.2 The school 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.

5.3 The school 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 the need to take personal responsibility.

5.4 A School Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.5 Dependent upon the level of support a child needs, a School Health Care Plan may need additional input or contribution from the school health service, the child's GP or other health care professionals. Consideration should be given to others who may need to contribute to a health care plan. This could include:

- Members of SLT; Headteacher; SENCO
- Parent or carer
- Child (if appropriate)
- Class teacher, care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

5.6 The school will consult the DfE Supporting Pupils at School with Medical Conditions when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.7 Some children with Epilepsy 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. 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. Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

6.1 At Marlcliffe Primary School, we will support parents who wish for their child to carry their own inhalers. However, if such medicines are taken under supervision, this should be recorded.

6.2 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 (Form 5 required). Depending upon the medication, the school retains the right to request that they be stored securely if they could pose a danger to others.

6.3 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. In most cases, controlled drugs will remain locked in the medical room.

7. Staff support and training in dealing with medical needs

7.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

7.2 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. Staff will complete and sign the Form 6 Staff Training Record. Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

7.3 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty of the Headteacher to ensure that their staff receive the training. The Headteacher will agree when and how such training takes place. The Headteacher of the school will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. A record of staff training is to be held on file.

7.4 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. All staff have access to the medical lists and are notified of updates.

7.5 The child's parents/carers and health professionals should provide the information specified above.

7.6 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

7.7 Back up cover will be arranged for when the member of staff responsible is absent or unavailable. Within our schools we have designated first aiders and all staff receive basic first aid training.

7.8 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. Information about children with medical needs are visible in key areas of school.

8. Record-keeping

8.1 Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. 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.

8.2 The school will use Form 4a or Form 4b to record 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. This information is kept in the Administering Medicines Log in the medical room next to the main office.

8.3 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.

8.4 Form 2 or Form 3 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

9. Safe storage of medicines

9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.

9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

9.3 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.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

9.5 Non-healthcare staff will never transfer medicines from their original containers.

9.6 Children will be informed where their own medicines are stored and who holds the key.

9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children in the classroom.

9.8 School may allow children to carry their own inhalers in agreement with parents when required (Form 5)

9.9 Other non-emergency medicines will be kept in a secure place not accessible to children in the medical room next to the main office.

9.10 A few medicines need to be refrigerated. There will be restricted access to a refrigerator holding medicines. A secure fridge is available in the medical room for the safe storage of such medications.

9.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school 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.

10. Disposal and Collection of medicines

10.1 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.

10.2 Any medicine remaining after the agreed period of administration should be collected by parents/carers.

10.3 Parents/carers should also collect medicines held at the end of each year. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

10.4 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with a suitable contractor.

11. Hygiene and infection control

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 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.

11.3 Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic. This guidance is available to all staff.

11.4 The Education (School Premises) Regulations 1999 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 toilet. 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.

12. Access to the school's emergency procedures

12.1 As part of general risk management processes the school must have arrangements in place for dealing with emergency situations. At Marlcliffe Primary School, this forms part of the school's first aid policy and provision and refers to the DFE Guidance on First Aid for Schools: a good practice guide, 1998.

12.2 Other children are told what to do in the event of an emergency, such as telling a member of staff. This is part of our Personal Development curriculum.

12.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided to staff and displayed in Medical room and main office.

12.4 All staff know who is responsible for carrying out emergency procedures in the event of need.

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

12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

12.8 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.

12.9 Individual School 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.

13. Risk assessment and management procedures

This policy will operate within the context of the school/setting's Health and Safety Policy.

13.1 The school will ensure that risks to the health of others are properly controlled. The school will refer to the DFE guidance document when dealing with any other particular issues relating to managing medicines.

13.2 The school will put in place, where necessary, individual risk assessments and/or personal evacuation plans for pupils or groups with medical needs.

13.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

Managing Medicines Form Overview

Form Number	When to use
Form 1: School Health Care Plan	When there are long-term medical needs for a child, this form should be completed with parents / carers. Form 2 or Form 3 will also be completed with parents / carers. These forms will then be placed in the Medicines file in a labelled plastic wallet for that child. 1 copy to parents/carers 1 copy in the medicines file
Form 2: Parental Agreement to Administer Medicines (short-term)	This form is to be completed by parents / carers when arranging for their child to have medicines administered. These forms will then be placed in the Medicines file in a labelled plastic wallet for that child.
Form 3: Parental Agreement to Administer Medicines (long-term/ongoing)	This form is to be completed by parents / carers when arranging for their child to have medicines administered. These forms will then be placed in the Medicines file in a labelled plastic wallet for that child.
Form 4a: Record of Medicines Administered	The top of this form should be completed at the same time as Forms 1 and 2 or 3 with parents / carers. It is then filed in the Medicine Log. Whenever medication is administered, the log part of this form is completed indicating time, date, dose and staff name.
Form 4b: Record of Medicines Administered (Controlled Medication)	The top of this form should be completed at the same time as Forms 1 and 2 or 3 with parents / carers. It is then filed in the Medicine Log. Whenever controlled medication is administered, the log part of this form is completed indicating time, date, dose and staff names. 2 members of staff will be present during the administration of a controlled medication.
Form 5: Request to Carry Own Medicines	If a parent / carer requests that their child carries their own medication (e.g. an inhaler) it is advised that the school medicines policy is referred to. Check with a member of school leadership team. If agreed, this form should then be completed. A form 1 may also need to be completed where appropriate. 1 copy to parent / carers 1 copy in the medicines file
Form 6: Staff Training Form	Whenever a member of staff receives training or specific medication training (e.g. how to use adrenaline pen) this form should be completed. This form should be completed by staff/leadership team to indicate staff members who have agreed and are permitted to administer medicines (in line with appropriate training).

FORM 1: School Health Care Plan

Where there are long-term medical needs for a child, a School Health Care Plan is required. This should involve parents/carers and relevant health care professionals. Please refer to Section 5 of Supporting Children with Medical Needs Policy for more information.

Name of school/setting	Group/Class/Form
Child's name	Date of Birth
Child's address	Medical diagnosis or condition
Date	Review Date

Family Contact Information

Name	Phone Number (home)
Phone number (mobile)	Phone number (work/other)
Name	Phone Number (home)
Phone number (mobile)	Phone number (work/other)

Clinic/Hospital Contact

Name	Phone Number
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GP

Name	Phone Number
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1. Describe medical needs and give details of child's symptoms, triggers, signs and treatments

2. Describe care requirements (e.g. before sport/at lunchtime) including medication (dose, side-effects and storage) any other treatments, time, facilities, equipment, testing, access to food and drink and whether this is used to manage the condition, any dietary requirements or environmental issues (e.g. crowded corridors, transition from classrooms)

3. Describe what constitutes an emergency for the child, and the action to take if this occurs. Please ensure there is an alternative contact person included

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

5. Describe the level of support needed. If a child can self-manage their medication, provide appropriate arrangements for monitoring

6. Define any specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete exams, access to counselling sessions, use of rest periods or additional support in catching up with missed lessons/work

7. Define who will provide the medical support in school for the child, the expectation of their role; any training required; confirmation of proficiency to provide support for the medical condition and cover arrangements for when they are unavailable

8. Define who within the school needs to be aware of the condition? If any confidentiality issues are raised, define the designated individuals to be entrusted with information about the child's condition

9. Describe the action to take if the child refuses to take their medication

Form copied to

FORM 2: Parental Agreement for School to Administer Medicine

(short-term- 10 days or less)

At Marlcliffe Primary School we will not give your child medicine unless you complete and sign this form. This is in accordance with our Supporting Children with Medical Conditions Policy. This is available on the school website or you can ask for a copy from the school office.

Name of child	Date of Birth
Class	Medical Condition

Medicine

Name and strength of medicine	Date dispensed	Expiry date
Agreed review date	Dosage and method	Timing
Self-administration (please circle)	Yes	No
Special Precautions		
Are there any side effects that the school/setting needs to know about?		
Has the medicine been administered in the past without adverse effect to the child?		

Contact Details

Name	Address
Daytime telephone number	Relationship to child

Declaration

- I understand that I must deliver the medicine personally to school.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.
- I understand that a non-medical professional will administer my child's medication. The medication will be administered as defined by the prescribing professional/instructions on the medication only.

Parent/Carer Name	Signature	Date
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FORM 3: Parental Agreement for School to Administer Medicine

(Long term- 10 days or more/ongoing/as required)

At Marlcliffe Primary School we will not give your child medicine unless you complete and sign this form. This is in accordance with our Supporting Children with Medical Conditions Policy. This is available on the school website or you can ask for a copy from the school office.

Name of child	Date of Birth	Class
Medical Condition		Reason for long-term use

Medicine

Name and strength of medicine	Date dispensed	Expiry date
Agreed review date	Dosage and method	Timing
Self-administration (please circle)	Yes	No
Special Precautions		
Are there any side effects that the school/setting needs to know about?		
Has the medicine been administered in the past without adverse effect to the child?		

Contact Details

Name	Address
Daytime telephone number	Relationship to child

Declaration

- I understand that I must deliver the medicine personally to school.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.
- I understand that a non-medical professional will administer my child's medication. The medication will be administered as defined by the prescribing professional/instructions on the medication only.

Parent/Carer Name	Signature	Date
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FORM 4: Record of Medicines Administered to Individual Pupil

This information should be transferred from Form 2/Form 3 Parental Agreement to Administer Medicines. Please also refer to individual pupil School Health Care Plans (Form 1). Where possible, ask parents to fill in the top section.

Name of Child	Class
Date medicine provided by parent/carer	Quantity Received
Name and strength of medicine	Expiry Date
Quantity Returned	Dose and Frequency of Medicine

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given (as directed by parents)					
Name of member of staff					
Staff signature					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given (as directed by parents)					
Name of member of staff					
Staff signature					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given (as directed by parents)					
Name of member of staff					
Staff signature					

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Time given					
Dose given (as directed by parents)					

Name of member of staff					
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Dose given (as directed by parents)					
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Time given					
Dose given (as directed by parents)					
Name of member of staff					
Staff signature					

Date	/ /	/ /	/ /	/ /	/ /
Time given					
Dose given (as directed by parents)					
Name of member of staff					
Staff signature					

FORM 5: Request for Child to Carry their Own Medicine



Sometimes it is beneficial for a child to carry their own medicine, for example, an asthma inhaler. If a parent/carer wishes their child to carry their own medication this form must be completed, signed and returned to school. Some medications may not be suitable to be carried by pupils and the school may request that these be stored securely in line with our Supporting Children with Medical Needs Policy and Health and Safety Policy. A copy of these policies are available on the school website and can be obtained from the school office.

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

Contact Information

Name	
Daytime phone no.	
Relationship to child	

I would like my child to keep their medicine on them for use as necessary.

Signed:

Date:

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

FORM 6: Staff Training Record



Name	
Type of training received	
Date of training completed	
Training provided by	

To be completed by staff member

1. I confirm that I have received the training detailed above.
2. I confirm that I consent to administering medicines to children'

Staff signature:

Date:

Suggested review date:

To be completed by SLT/SENCO

I confirm that _____

has received the training detailed above and is competent to carry out the necessary treatment. I confirm this person is allowed to administer medicines in line with the training detailed above

I recommend that the training is reviewed on:

Headteacher / leadership team signature:

Date: