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| **Request for a Child to Carry their own Medication** |

* + - 1. 

**Parents complete this form**

**If staff have any concerns about any of the information required for this form they should discuss this with the school nurse**

|  |  |
| --- | --- |
| Name of school |  |
| 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 son/daughter to keep their medicine themselves for use as necessary.

Signed

Print name

Relationship to pupil

Date



Dear Parent / Guardian

**Re: The School Asthma Health Care Plan**

Thank you for informing us of your child’s asthma on his/her registration form.

As part of accepted good practice and with advice from the local PCT, hospital specialists, and the Department for Education & Skills, our school has recently established a School Asthma Policy.

As part of this policy, we now ask all parents / guardians of children with asthma to help us by completing a School Asthma Health Care Plan for their child/children. This is attached to this letter. The completed School Asthma Health Care Plan will store important details about your child’s current medicines, triggers, individual symptoms and emergency contact numbers. The Plan will help school staff to better understand your child’s individual condition and needs.

Please complete this Plan and return it to the school by *Friday 14th March 2014:*

I look forward to receiving your child’s completed School Asthma Health Care Plan.

Thank you for your help.

Yours sincerely

Head teacher

**ADVICE FOR PARENTS**

**Remember:**

**1. It is your responsibility to tell the school about any changes in your child’s asthma and/or their asthma medication**

**2. It is your responsibility to ensure that your child has their ‘relieving’ medication with them in school and that it is clearly labelled with their name**

**3. You should confirm this with your child’s class teacher**

**4. It is your responsibility to ensure that your child’s asthma medication has not expired**

**5. Your child should not be exposed to cigarette smoke**

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| **Parental Agreement for School to Administer Medicine** |

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**The school will not give your child medicine unless you complete and sign this form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Group/class/form |  | | | |
| Medical condition or illness |  | | | |
| Name and phone no. of GP |  | | | |
|  |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Dosage and method |  | | | |
| Are there any side effects that the school needs to know about? |  | | | |
| Procedures to take in an emergency |  | | | |
| **Contact Details** |  | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |
| Address |  | | | |

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 to my child's medication in writing.

Date Signature(s)

| **Please note**: It is your responsibility to ensure that the school is kept informed about changes to your child’s medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labeled and in date. |
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| **Record of Medicine Administered to Individual Children** |



Fill in the child’s details in section 1 and then one form in section 2 each time medicine is given in school

**Section 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of 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 |  | | | |

**Section 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Time given |  | Time given |  |
| Dose given |  | Dose given |  |
| Name of member of staff |  | Name of member of staff |  |
| Staff initials |  | Staff initials |  |

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| **Record of Medicine Administered to All Children** |

* + - 1. 

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Child’s Name** | **Name of Medicine** | **Dose** | **Signature of Staff** |
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| **Record of Staff Training** |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| 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 be updated no later than once a year.

Trainer’s signature

Date

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

Staff signature

Date

Suggested date for next update

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| **School Asthma Policy** |



**Asthma Policy Statement**

* **This school is an inclusive community that aims to support and welcome pupils with asthma**
* **This school ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma**
* **The school’s asthma policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings**
* **The school ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feels confident in knowing what to do in an emergency. All school staff receives annual asthma awareness training**
* **This school has clear guidance on the administration of medicines at school**
* **This school has clear guidance on the storage of medicines at school**
* **This school has clear guidance about record keeping**
* **Each member of the school and health community know their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed evaluated and updated. Updates occur every year**

**Policy Guidelines**

**This school is an inclusive community that aims to support and welcome pupils with asthma**

* Pupils with asthma are encouraged to take control of their condition
* Pupils feel confident in the support they receive from the school to help them do this
* Pupils with asthma are included in all school activities
* All staff feel confident in knowing what to do in an emergency
* The school asthma policy is understood and supported by the whole school and local health community

**This school ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma**

* This school is committed to providing pupils with a physical environment, which is accessible to pupils with asthma
* This school’s commitment to an accessible physical environment includes out of school visits and the school ensures these visits are accessible to all pupils
* This school ensures the needs of children and young people with asthma are adequately considered to ensure they have full access to extended school activities such as school discos, school productions, after school clubs and residential visits
* All staff at this school are aware of the potential social problems that pupils with asthma may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school’s anti bullying and behavior policies
* Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst pupils and to help create a positive social environment
* This school ensures all classroom teachers; PE teachers and sporting coaches understand that pupil’s asthma should not be forced to take part in activity if they feel unwell
* This school ensures all PE teachers, classroom teachers and school sport coaches are aware of the potential triggers for pupil’s asthma when exercising and tips to minimise these triggers
* This school ensures all pupils have the appropriate medicines with them during physical activity and that pupils take them when needed
* Risk assessments must be carried out for any out of school visit and asthma must be considered during this process. Factors to consider include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency
* There may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school

**The school’s asthma policy has been drawn up in consultation with a wide range of local key stakeholders both within the school and health settings**

* This school has consulted on the development of this asthma policy with a wide range of key stakeholders both within the school and health settings
* This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow up to suggestions put forward

**All staff understand asthma and are trained in what to do in an emergency**

* Staff at this school understand their duty of care to pupils in the event of an emergency
* In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines
* All staff who work with children at this school receive training and know what to do in an emergency for the children in their care with asthma
* Training is refreshed for all staff at least once a year
* This school uses school asthma healthcare plans to inform the appropriate staff (including supply teachers and support staff), of pupils in their care who may need emergency help
* This school has procedures in place for a copy of the pupil’s health care plan to be sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the hospital as soon as possible
* If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows
* Generally staff should not take pupils to hospital in their own car

**The school has clear guidance on the administration of medicines at school**

**Emergency medicines**

* All pupils at this school with asthma have easy access to their emergency medicines
* All pupils are encouraged to carry and administer their own emergency medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition
* Pupils who do not carry and administer their own emergency medicines, should know where the drugs or medicines are stored and how to gain access
* All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent. In an emergency situation, this may include taking action such as administering medicines

**Non-emergency medicine**

* All staff are aware that there is no legal or contractual duty for any member of staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so
* Many other members of staff who are happy to take on the voluntary role of administering medicines may administer prescribed and non-prescribed medicines to pupils under the age of 16, but only with the written consent of the parent
* Training is given to all staff members who agree to administer medicines to pupils and the Local Education Authority provides full indemnity
* Should the medicine change or be discontinued, or the dose or administration method change, parents will notify the school immediately
* If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible
* All staff attending off site visits should be aware of any pupils on the visit with asthma. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed
* If a trained member of staff, who is usually responsible for carrying or administering medicine, is not available the school should make alternative arrangements to provide the service. This should be addressed in the risk assessment for the activity
* If a pupil misuses medicines, either their own or another pupil’s, their parents will be informed as soon as possible and they will be subject to the school’s usual disciplinary procedures

**The school has clear guidance on the storage of medicines at school**

**Safe storage - emergency medicine**

* Emergency medicines are readily available to pupils who require them at all times during the school day or at off site activities
* Most pupils at this school carry their emergency medicine on them at all times. Pupils keep their own emergency medicines securely
* Pupils are reminded to carry take their emergency medicines with them at all times
* Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medicines on them, know exactly where to access their emergency medicines

**Safe storage - general**

* All medicines are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the pupil’s name, the name of the medicine, expiry date and the prescriber’s instructions for administration, including dose and frequency
* Medicines are stored in accordance with instructions paying particular note to temperature
* Some medicines for pupils at this school may need to be refrigerated. All refrigerated medicines are stored in an airtight container and are clearly labelled. Refrigerators used for medicine storage are in a secure area inaccessible to pupils without supervision or lockable as appropriate
* All medicines are sent home with pupils at the end of the school year. Medicines are not stored in school over the summer holidays
* It is the parent’s responsibility to ensure new and in date medicines come into school on the first day of the new academic year

**Safe disposal**

* Parents are asked to collect out of date medicines from school
* If parents do not pick up out of date medicines or at the end of the school year medicines are taken to a local pharmacy for safe disposal
* A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year

**This school has clear guidance about record keeping**

**Enrolment forms**

* Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year
* Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

**Drawing up School Asthma Health Care Plans**

* This school uses an adapted School Health Care Plan from “Managing Medicines in Schools and Early Years Settings” guidance to record important details about individual children’s medical needs, their triggers, signs, symptoms, medicines
* A school health care plan accompanied by an explanation is sent to all parents of pupils with asthma for completion:

at the start of the school year

at enrollment

when a diagnosis is first communicated to the school

* The parents are asked to fill out the pupil’s school Asthma Health Care Plan. Parents then return these completed forms to the school. Parents may need to liaise with their child’s health care professionals to complete the form
* This school ensures that a relevant member of school staff is available, if required to help complete the health care plan for pupils with particularly complex healthcare needs

**School Asthma Register**

* The school Asthma Health Care Plans are used to create a centralised register of pupils with asthma
* An identified member of staff has responsibility for the register at this school
* The responsible member of staff follows up any of the details on a pupil’s Asthma Health Care Plan or if permission for administration of medicines is unclear or incomplete
* Parents at this school are regularly reminded to update their child’s Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change
* Staff at this school use opportunities such as teacher-parent interviews to check that information held by the school on a pupil’s condition is accurate and up to date
* Every pupil with a health care plan at this school has their plan discussed and renewed at least once year
* Parents and pupils at this school are provided with a copy of the pupil’s current agreed health care plan
* Health care plans are kept in a secure central location at school
* All members of staff who work with groups of pupils, have access to the health care plans of pupils in their care
* When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the health care plans of pupils in their care
* The school ensures that all staff protect pupil confidentiality
* This school seeks permission from parents to allow the health care plan to be sent ahead to emergency care staff should an emergency happen during school hours or at an out of school hours school activity
* This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement
* This school uses the health care plans to:
* Inform the appropriate staff and a supply teachers about the individual needs of a pupil with a medical condition in their care
* Identify common or important individual pupil triggers at school that bring on symptoms and can cause emergencies
* Ensure that all medicines stored at school are within the expiry date
* Ensure this school’s local emergency care facilities have a timely and accurate summary of a pupil’s current asthma management and healthcare in the event of an emergency
* Remind parents of pupils with asthma to ensure that any medicines kept at school for their child are within their expiry dates

**Consent to administer medicines**

* If a child requires regular prescribed or non-prescribed medicines at school parents are asked to provide consent giving staff permission to administer medicines on a regular/daily basis, if required. A separate form is available for short programmes of medicine if parents and school require it
* All parents of pupils with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines in an emergency
* If a child requires regular/daily help in administering their medicines then the school outlines the school’s agreement to administer those medicine/s on the health care plan. The school and parents keep a copy of this agreement
* Parents of pupils with asthma at this school are all asked at the start of the school year on the healthcare plan if they and/or the child’s healthcare professional believe the child is able to self manage, carry and administer their own emergency medicines
* Parents are sent a medicines form to be completed and returned to school shortly before their child leaves for an overnight or extended day trip. This form requests up to date information about the pupil’s current condition and their overall health. This provides up to date information to relevant staff and school supervisors tohelp the pupil manage their condition while they are away including information about medicines not normally taken during school hours
* The medicines form is taken by the relevant staff member to the off site trip and for all out of school hours activities along with a copy of the pupil’s health care plan
* All parents of pupils with asthma attending a school trip or overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required
* The medical form also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away

**Other record keeping**

* This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medicines. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medicines administered, this is also recorded and parents are informed as soon as possible

**Staff Training - record keeping**

* This school holds training on asthma once a year
* All staff attending receives a certificate confirming the type of training they have had
* A log of the asthma training is kept by the school and reviewed every 12 months to ensure all new staff receives training
* All school staff that volunteer or are contracted to administer medicines are provided with training by a healthcare professional

**Each member of the school and health community know their roles and responsibilities in maintaining an effective medical condition policy**

This school works in partnership with all interested and relevant parties including the school’s governing body, all school staff, school nurses, parents, employers of school staff, healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the asthma policy at this school. These roles are understood and communicated regularly:

**This school’s employer has a responsibility to:**

* Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips
* Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with asthma
* Make sure the asthma policy is effectively monitored and regularly updated
* Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma

**This school’s head teacher has a responsibility to:**

* Ensure the school is inclusive and welcoming and that the asthma policy is in line with local and national guidance and policy frameworks
* Liaise between interested parties –including pupils, school staff, SEN coordinators, welfare assistants, teaching assistants, school nurses, parents, governors, the school health service the local authority transport service and local emergency care services
* Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils individual health plans
* Ensure pupil confidentiality
* Assess the training and development needs of staff and arrange for them to be met
* Ensure all supply teachers and new staff know the asthma policy
* Delegate a staff member to check the expiry date of medicines kept at school and maintain the school asthma register
* Monitor and review the policy at least once a year, with input from staff and external stakeholders

**All staff at this school has a responsibility to:**

* Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
* Understand the school’s asthma policy
* Know which pupils have asthma and be familiar with the content of their individual health plan
* Allow all pupils to have immediate access to their emergency medicines
* Maintain effective communication with parents including informing them if their child has been unwell at school
* Ensure pupils who carry their medicines with them, have them when they go on a school trip or out of the classroom
* Be aware that long term conditions can affect a pupil’s learning and provide extra help when pupils need it
* Be aware of pupils with asthma who may be experiencing bullying or need extra social support
* Liaise with parents, the child’s healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
* Use opportunities such as PSHE to raise pupil awareness about asthma
* Understand asthma and the impact it can have on pupils. (Pupils should not be forced to take part in activity if they feel unwell)
* Ensure all pupils with asthma are not excluded from activities they wish to take part in
* Ensure pupils have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

**The school nurse at this school has a responsibility to:**

* Help update the school’s asthma policy
* Help provide regular training for school staff in managing asthma at school
* Provide information about where the school can access training in areas that the school nurse has not had specialist training
* Provide support and information to the identified member of staff responsible for ensuring that parents complete the health care plans

**First Aiders have a responsibility to:**

The minimum first aid provision in schools should include:

* Suitably stocked first aid container
* Appointed person to take care of emergencies and the first aid container
* Information on emergencies
* This minimum provision must be supplemented with a risk assessment to determine any additional provision needed

**Special Education Needs Officer have a responsibility to:**

* Know which pupils have asthma and which have special education needs because of their condition
* Ensure pupils who have been unwell catch up on missed school work
* Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangement in exams or course work

**Welfare officers have a responsibility to:**

* Know which pupils with have a medical condition and which have special education needs because of their condition
* Ensure all pupils with asthma are not excluded from activities they wish to take part in

**Individual doctors and specialist healthcare professionals caring for children who attend this school, have a responsibility to:**

* Help complete the school health plans provided by parents if appropriate
* Where possible and without compromising the best interests of the child, to try to prescribe medicines that can be taken outside of school hours
* Offer the parents of every child a written self-management plan to ensure parents and children know how they self manage at school and at home
* Ensure the child knows how to take their medicines effectively
* Ensure children have regular reviews of their condition and the medicines they take
* Provide the school with information and advice if a child in their care has severe asthma symptoms (with the consent of the pupil and their parents)
* Understand and provide input to the school’s medical condition polic**y**

**The parents at this school have a responsibility to:**

* Tell the school if their child has asthma
* Ensure the school has a complete and up-to-date school healthcare plan for their child
* Inform the school about the medicines their child requires during school hours
* Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
* Tell the school about any changes to their child’s medicines, what they take and how much
* Inform the school of any changes to their child’s condition
* Ensure their medicines and medical devices are labeled with their full name
* Ensure that their child’s medicines are within their expiry dates
* Keep their child at home if they are not well enough to attend school
* Ensure their child catches up on any school work they have missed
* Ensure their child has regular reviews with their doctor or specialist healthcare professional
* Ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child’s condition