

**Administration of Medication in School Policy**

**Schedule for Developing, Monitoring and Review Policy**

**Approval by the Board of Governors:** May 2023

**The implementation of this** Principal

**Policy will be monitored by:**

**Monitoring and Reviewing:** Biennially, and as required following any change to provision.

The Board of Governors and staff of Monkstown Nursery School wish to ensure that pupils with medication needs receive appropriate care and support at school. There is no legal duty that requires school staff to administer medication, however, the Principal will accept responsibility in principle for members of staff administering prescribed medication, or supervising children self-administering during the school day where those members of staff have volunteered to do so.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

Procedures

* Parents are responsible for providing the Principal with comprehensive information regarding the pupil’s condition and medication (appropriate form on school website).
* Prescribed medication will not be accepted in school without complete written and signed instruction from the parent.
* Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Medication in School

* Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
* Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:
  + Pupil’s Name.
  + Name of medication.
  + Dosage.
  + Frequency of administration.
  + How the medication should be given.
  + Date of dispensing.
  + Storage requirements (if important)
  + Expiry date
  + Signature or parent and date

**The school will not accept items of medication in unlabelled containers.**

* Medication will be kept in a secure place, out of reach of pupils but accessible by staff.

Administration

* The school will keep records, which they will have available for parents.
* If children refuse to take medicine, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results ina n emergency, the schools emergency procedures, as agreed with the parents and recorded in the Medical File, will be followed.
* Staff who volunteer to assist in the administration of medication will receive appropriate training / guidance through arrangements made with the School Health Service or the Health and Social Care Service.

The Role of Parents and Guardian

* It is the responsibility of parents to notify the school in writing if the pupil’s need for medication has ceased.
* It is the parents’ responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
* The school will not make changes to dosages without parental instructions.
* School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent.

Managing Medication on trips and outings:

* The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Children who have long term medical conditions and who may require ongoing medications:

* For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with appropriate health professionals.
* Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
* For some medical conditions, staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
* The risk assessment includes arrangements for taking medicines on outings and the child’s GP’s advice is sought if necessary where there are concerns.
* A health care plan for the child is drawn up with the parent, outlining the key person’s role and what information must be shared with other staff who care for the child.
* The health care plan should include measures to be taken in an emergency.

Medical Register

* In line with the changes to recording for Special Needs a separate medical register is used within school. This outlines the medical needs of the child, class/session and the support needed.
* The SENCo (Mrs. Coburn) is responsible for maintaining the Medical Register.

Emergency procedures

“Any individual can take action to preserve life provided that the action is carried out with the best of intentions and is performed in good faith. Teachers and other staff are expected to use their best endeavors at all times in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.” (DE guidance – Supporting children with medical needs, 2008).

As part of our risk management in school, all staff will be informed of children with known medical conditions and/or medication plans.

These are mainly related to four conditions:

* Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
* Diabetic hypoglycemic attack requiring Glucose (glucose tablets or hypostop).
* Anaphylactic reaction requiring Adrenaline (e.g. EpiPen® or Anapen®).
* Prolonged epileptic seizures

For a child with a medication plan, the potential for an emergency to arise will be reflected in the plan, which will incorporate a plan of action, should an emergency occur. Staff will be expected to follow the advice given in that Medication Plan.

Temporary staff, who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

Where a pupil experiences an emergency event with no relevant previous history, staff are expected to take all reasonable steps within their own competencies and experiences to assist the pupil and obtain the appropriate help.

**Emergency Procedures**

In the event of an emergency, the class teacher should stay with the child and direct a member of staff to call 999.

Parents must be alerted immediately.

A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil’s parent arrives. Where possible, the member of staff should have details of any health care needs and medication of the pupil and/or a copy of the Medication Plan. Health professionals are responsible for any decisions on medical treatment when parents are not available.

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

Individual Care or Medication Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency,

The incident should be fully recorded.

In all emergency situations a teacher or other member of school staff will be expected to act as a responsible adult or parent in the best interests of the child in recognition of their duty of care.

If in doubt phone for the emergency services.

This policy will be reviewed and monitored in line with the school’s policy review schedule.

**Emergency Planning**

**Request for an Ambulance to: Monkstown Nursery School**

**Dial 999, ask for ambulance and be ready with the following information.**

1. **School telephone number 028 90 861459**
2. **School name, address and postcode**

**Monkstown Nursery School, Jennings Park, Newtownabbey, BT370NB**

1. **Give exact location in the school**

**Top of Jordanstown road- turn in beside row of shops-Spar, Chemist etc- follow the road up to Jennings Park**

1. **Give your name**
2. **Give brief description of pupil’s symptoms**
3. **Inform Ambulance Control of the best entrance and state that the crew will be met and taken to; (If possible an additional member of staff will wait outside gate for ambulance)**

**School’s Agreement to Administer Medication**

*This form should be completed by parents for short term medical needs when a child requires prescribed medication to be delivered during school days for a short-term illness.*

I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) will receive \_\_\_\_\_\_\_\_(dose) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of medication) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(timing eg break time of lunch time). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) will be given/supervised while he/she takes their medication by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member of staff). This arrangement will continue until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (end of medicine or until instructed by parent/guardian).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent) Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member of staff)

**Request By Parent For School To Administer Medication**

*The School will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.*

DETAILS OF PUPIL

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Male Female

Class: (Full-time/AM/PM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition or Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION

**Parents must ensure that in-date properly labelled medication is supplied**

**Name/Type of Medication** (as described on the container): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dispensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Directions for Use:

Dosage and Method: **NB: Dosage can only be changed on a Doctor’s instructions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Type of Medication** (as described on the container): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dispensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Directions for Use:

Dosage and Method: **NB: Dosage can only be changed on a Doctor’s instructions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Type of Medication** (as described on the container): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dispensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Directions for Use:

Dosage and Method: **NB: Dosage can only be changed on a Doctor’s instructions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Type of Medication** (as described on the container): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dispensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Directions for Use:

Dosage and Method: **NB: Dosage can only be changed on a Doctor’s instructions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information

Special Precautions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Procedures to take in an Emergency:**

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**CONTACT DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. (Mobile/Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.*

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE ORIGINAL SHOULD BE RETAINED ON SCHOOL FILE AND A COPY SENT HOME TO THE PARENTS TO CONFIRM THE SCHOOL’S AGREEMENT TO ADMINISTER MEDICATION TO THE NAMED PUPIL**

Medical Information

Insert picture here

Name:

Class:

Teacher:

Condition:

Name:

Class:

Teacher:

Condition:

Treatment:

Stored:

Expiry date:

Other info:

Insert picture here

Name:

Class:

Teacher:

Condition:

Other info:

Treatment:

Expiry date:

**Record of Medicine Administered to an Individual Child**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Date of Birth | \_\_ / \_\_ / \_\_\_\_ Male/Female |
| Class |  |
| Condition/Illness |  |
| Date medicine provided by parent |  |
| Name and strength of medicine |  |
| Quantity received |  |
| Expiry Date | \_\_ / \_\_ / \_\_\_\_ |
| Quantity returned |  |
| Dose and frequency of medicine |  |

**Checked by:**

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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| Date | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ | \_\_ / \_\_ / \_\_ |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Any reactions |  |  |  |  |  |
| Name of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

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**CONSENT FORM**

**USE OF INHALER**

**Child showing symptoms of asthma / having asthma attack**

Please Tick

|  |
| --- |
|  |
|  |
|  |

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler **(delete as appropriate)**.

I have provided to school a working inhaler which is in-date, clearly labelled and prescribed for my child.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to be brought to A&E.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class : \_\_\_\_\_\_\_\_\_\_\_\_

Details of inhaler and prescribed dosage:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monkstown Nursery School**

**Jennings Park**

**Newtownabbey**

**Co. Antrim**

**BT37 0NB**

**Principal: Mrs. S. Coburn**

Child’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is to formally notify your that \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has had problems with his / her breathing today at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This happened when (brief description of what happened)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A member of staff helped them to use their inhaler.

Number of puffs given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Plan for a Pupil with Medical Needs**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Family Contact 1

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Home / Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Contact 2

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Home / Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic / Hospital Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan prepared by:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe condition and give details of pupil’s individual symptoms:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily care requirements (e.gh. before sport, dietary, therapy, nursing needs)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of staff trained to administer medication for this child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up care

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (Parent / Guardian) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**