



Medicine Administration Policy

(Includes Controlled Drug Policy & Homely remedy Policy)

Including EYFS Provision and Boarding

November 2021

Beachborough School – Medicine Administration Policy		
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Table of Contents	Page
1. Introduction	3
2. Notes on first aid obligation	3
3. Training for key staff	3
4. Parental Consent to Administer Medicines	4
5. Administration of Medicine in School	4
6. Early Years (0-5)	6
7. Administration of Prescribed Medication	6
8. Administration of over the counter medicines	6
9. Administration of Antibiotics	7
10. Storage of Medication	7
11. Disposal of medications	7
12. Additional Reading	7
13. Administration of Homely Remedies & Policy	8
14. Administration of Controlled Drugs & Policy	9
Appendix A – Parental Consent to Administer Prescribed Medication Form	11
Appendix B – Parental Consent for School to Administer an Over the Counter Medicine Form	12
Appendix C – Table of Over the Counter products that may be requested	14
Appendix D – Pupil Health History and Consent Form	15
Appendix E – Off-site Consent Form	18
Appendix F – Homely Remedies Listing	20
Appendix G – Parental consent for HRP medicines	22
References	24

1. Introduction

The purpose of this policy is to provide information in order to ensure optimum health and safety for all children attending Beachborough School in relation to the administering of medicine. The information attached is universal and therefore applicable to teaching staff, support staff, first aiders, parents and pupils.

Most pupils will need medication at some stage of their school life. Although this will mainly be for short periods there are a few pupils with chronic conditions who may require regular medication throughout their school life.

The school understands that it has a responsibility to make the school welcoming and supportive to children with medical conditions. All staff are aware of the most common serious medical conditions at the school and the school aims to provide all children with all medical conditions the same opportunities as others at the school.

Three categories of pupils that may require medication while at school have been identified:

1. Those who have suffered an acute medical condition but are regarded as fit to return to school provided prescribed medication is taken
2. Those who suffer certain chronic or life threatening conditions (eg. anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given regular doses of medication, or medication is available in an emergency.
3. Those pupils who suffer occasional discomfort such as tooth ache or period pain who may require analgesics.

In accordance with the guidance schools are required to have written policies and procedures on the administration and control of medicines within the school and associated activities (this includes the National Minimum Standards for Boarding). Procedures have been developed in accordance with Government Guidelines and adherence to the various regulatory guidance to ensure the safe administration of medication to pupils. The purpose of this policy is to clarify the procedure within Beachborough School.

2. Note on First Aid obligation

The school ensures that all staff understand their duty of care to children. 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 medication. The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill-managed or misunderstood. In addition to this the School Nurse must ensure that at all times she fulfils her obligations under the Nursing and Midwifery Council (NMC) Code.

All staff know what action to take in the event of a medical emergency. This includes how to contact emergency services, what information to give and who to contact within the school (for further information please refer to the First Aid Policy)

3. Training for key staff (competent)

Teams of staff have been identified who may require specific training in the administration of medicines with the school. These are those that work in:

- Nursery & Kindergarten
- Pre-Prep
- Prep
- Boarding Staff (Houseparents)
- All staff who lead 'off site' trips for the pupils

Staff who may need to administer medication need to :

- Read through 'Medicine Administration Policy'
- Attend annual update training sessions and re-sign the medicine training form.
- Sign a form to confirm what training they have received – a copy of which is held on file by the School Nurse.

Staff who have undertaken this training can administer medication as per the protocol contained within this policy. Competency will be shown following attendance at a teaching session. Only staff who have a record of attendance at this training session are competent to administer medication to pupil.

4. Parental Consent to Administer Medicines

Prior to any medication being administered to a pupil, parental consent must be obtained. If a pupil requires prescribed or non-prescribed medication to be administered whilst at school, parents are asked for consent. This can be given in four ways:

1. Completion of a relevant Beachborough School Parental Consent for School to Administer Medicine' Form (Appendix A or B)
2. Health Record & Consent Form (Appendix D)
3. Beachborough School 'Off-Site Visit Parental Consent' Form (Appendix E), for residential trips
4. Telephone Consent – (Strictly in an emergency situation only, and written confirmation will be obtained from parent after the event)

In signing a consent form, parents are also permitting the School Nurse, Matrons and other authorized staff to administer medication solely and independently and without a witness to the dosage being present.

The confidentiality and rights of boarders are appropriately respected. This includes the right of a boarder deemed to be 'Gillick Competent' to give or withhold consent for his/her own treatment.

Where appropriate, a Medical Care Plan will be written in conjunction with the parents detailing the specific care to be given to the child with a medical condition.

5. Administration of Medication in School

Administration of Emergency Medication

- All pupils at the school with medical conditions are made aware of the processes that they have to follow in order to receive their emergency medication.
- First aid cabinets are in the dining hall and Boardman kitchen with adrenaline devices (AAI'S - EpiPens, Emerade pens, Jext pens) and associated medication. The main storage is the middle, eye level cupboard in the Medical Room.

Administration – General

This school understands the importance of medication being taken as prescribed. Therefore, it is of absolute paramount importance that all medication for a child whilst in the care of the School, and under the direction of the School Nurse (and in her absence the Matron and Assistant Matron), is handed over to the school under the following conditions: -

- The medication is in date and suitable for children

- The medication is appropriate for the illness, injury or pain
- The medication is presented within the original container
- The name of the child is clearly visible and associated to the medication provided
- The dosage is clearly labelled. Both the amounts and the regularity must be clearly visible
- Any supporting information that accompanies the medication must also be handed over
- A medical dispensing disclaimer is signed by the parent permitting the school (Nurse, Matron or Assistant Matron) to administer the medication appropriately
- Prescription medicine will not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist
- **It is NOT acceptable to have loose or cut off tablets in an envelope**
- Variations in dosage **cannot** be made on parental instruction alone – must be corroborated either by the pharmacy label, written instruction from the prescriber or dosage instruction on packaging for ‘over the counter’ medications
- In some circumstances the school holds the right to refuse the administration of certain medications without supporting medical documentation from a Doctor
- A child should never be given medicines containing aspirin unless prescribed by a Doctor
- For all pupils who are to be given a non-prescribed medicine, it is important to know if any previous dose has been given and when. It is the parent’s responsibility to inform Medical Room staff (preferably by email to medical@beachborough.com) if medication has been given at home before attending school.

Parents are requested to inform the School Nurse or Matrons immediately if their child’s medication changes or is discontinued, or the dose or administration method changes.

If a pupil refuses their medication, the Medical Room staff should record this and inform parents as soon as possible.

All staff attending off site visits are aware of any pupils with medical conditions. They receive information about the type of condition, what to do in an emergency and any other support necessary, including additional medication or equipment.

If a pupil misuses medication, either their own or another pupil’s, their parents are informed as soon as possible. These pupils are subject to the school’s usual disciplinary procedures.

6. Early Years (Birth to aged five)

- Medicines must not usually be administered unless a doctor, dentist, nurse or pharmacist has prescribed them for a child
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer

7. Administration of Prescribed Medication

- The School Nurse, Matron or Assistant Matron is to administer medication, and in their absence by a designated competent trained member of staff
- The person administering medication will only do so if the correct consent form has been completed and signed by the parent and all medication is in its original package with all product information included
- Medical Room staff will check the medication with the details enclosed in the consent form.
- The expiry date and the medication details are also checked
- Administer medication as prescribed, ensuring that the information on the consent form matches that of the medicine itself
- Complete individual medical records
- Ensure correct storage of medication.
- It is illegal to recycle any medicines or to give one person's medication to another, no matter what the circumstances. Medication can only be given to the person for whom it was prescribed.

8. Administration of non prescription (over the counter) medicines

The school recognises there may be times parents ask school staff to administer medication purchased over the counter. The types of conditions and medication we expect parents may ask school to administer is limited and are listed in the table in Appendix C. Medication should be provided in the original packaging.

- The School Nurse, Matron or Assistant Matron is to administer medication and in their absence medication will be administered by a designated competent trained member of staff.
- The person administering medication will only do so if the correct consent form has been completed and signed by the parent and all medication is in its original package with all product information included.
- Medical Room staff will check the medication with the details enclosed in the consent form.
- The expiry date and the medication details are also checked
- Administer medication, ensuring that the information on the consent form matches that of the medicine itself
- Complete individual medical records
- Ensure correct storage of medication.
- It is illegal to recycle any medicines or to give one person's medication to another, no matter what the circumstances. Medication can only be given to the person for whom it was prescribed.

9. Administration of Antibiotics

Some children may need to take medication during the school day e.g. antibiotics or eyedrops, although wherever possible the timing/dosage should be arranged so that the medication can be administered at home.

In order to ensure safety and to promote timely administration of antibiotics, the following guidelines have been identified following the Department of Health recommendations (Supporting Pupils at School with Medical Conditions 2015).

- Three times daily can be given at breakfast, lunch and bedtime. Antibiotics will be given at lunchtime prior to, or following, food as required.
- Four times daily medication can be given at breakfast time, one dose at morning break, one dose at afternoon break and the final dose at bedtime.

Following the administration of antibiotics, documentation is completed and filed/recorded and signed by the administrator.

10. Storage of Medication

Safe Storage – Emergency Medication, e.g Epi-Pens, Inhalers and Insulin

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked away, access to it is also readily available.

With the agreement of the Headmaster, School Nurse and parents, older children may be permitted to carry inhalers with them and to administer it themselves. Medicine cabinets are located in specific locations around the school and are made known to all staff, parents and children in order for quick access to such emergency medication.

Safe Storage – General Medication

The nursing staff will check to ensure that all emergency and non-emergency medication bought in to school is clearly labelled with the pupil's name, the name of medication, dose and frequency of dose. All medication should be supplied and stored in its original containers. Some medication may need to be refrigerated. A lockable refrigerator is in the Medical Room and only accessible to Medical Room staff.

The expiry dates of medication stored in school are checked at least every half-term. It is the parents' responsibility to ensure new and in date medication comes into school if it is required for the care of their child.

11. Disposal of Medicines

Medicine no longer required or past its expiry date will be returned to the parent to arrange for safe disposal. If this is not collected it will be taken to the local pharmacy for safe disposal.

12. Additional Reading

This policy needs to be read in conjunction with other Beachborough School policies:

- Beachborough Health and Safety Policy
- First Aid Policy
- Medical Matters – Beachborough Parents' Guide
- Other specific policies which may relate to a pupil's condition
- Medicines Act 1971 (Amended 2010)
- Managing Medicines in Schools and Early Years Settings – D.f.E.S and D.o.H. – March 2005
- Statutory Framework for the Early Years Foundation Stage 2017 (Setting the standards for learning, Development and Care for children from birth to five.

13. Admission of Homely Remedies & Policy

Introduction - Administration of Homely Remedies (General Sales List Medication)

A homely remedy is a medicinal product that can be purchased over the counter and does not require a prescription for the short-term treatment of minor ailments such as cold symptoms e.g., sore throats and coughs, mild to moderate pain including headache and toothache and occasional indigestion.

An organisation that purchases such products are legally required to have a 'Homely Remedy' policy that refers to each product they store. Hard copies of the Homely Remedy Policies can be found in the blue file on the top shelf of the bottom middle cupboard of the Medical Room. It is marked as 'HRP'. All Homely Remedies kept at Beachborough are listed in Appendix F.

All Homely Remedy medications will be given according to manufacturer's guidelines which cover:

- The medical conditions licensed to be treated by that medication.
- The dose to be used.
- Exclusions set out by the manufacturer.
- Any drug interactions which would exclude their use.

Products not suitable for homely remedies include vitamin supplements and herbal or homeopathic remedies. Dressings and other first aid items are not classed as homely remedies.

Consent for homely remedies

When a parent registers their child to come to Beachborough School, medical documentation is sent out and in this documentation is included a Health Record & Consent Form – see Appendix D. This seeks specific consent for their child to receive homely remedies. A copy of this form will be held in the pupil's individual medical files in the grey filing cabinets in the Medical Room.

If a parent has chosen not to provide consent, no homely remedy should be given to the pupil and the School Nurse or First Aider will contact the parents of the child to discuss the situation and determine a suitable course of action. This could include asking them to come in and administer medicine or to collect the child from school.

Administering of homely remedies

The School will ONLY administer when a pupil is deemed to fit the criteria of the 'Homely Remedy' policy, which gives guidance for when that particular medication should be dispensed (see Appendix D). The School Nurse monitors the administration of these medications. If the administration of a particular medicine appears to be becoming a regular occurrence at School, the School Nurse will contact the pupil's parents.

Medication can only be administered by staff who have been judged as being competent as per section 3 of the Medicine Administrative Policy.

When administering Homely remedies the following guidelines must be followed:

- Ensure there is a signed parental consent form giving permission for the administration of medication.
- Has the pupil taken any medication within the last 24 hours and, if so, what was taken and at what time?
- Has the correct time or more elapsed between doses?
- Is the pupil allergic to any medicines? When taking new medication and subsequent doses observe to ensure they are not experiencing any side-effects.
- Check the expiry date on the packaging/bottle.
- Read the instructions on the box to ensure the correct dose and frequency of medication/ointment is administered.

- Record date, time, dose and quantity of medication, and reason for administering it, on the pupil's medical iSAMs tab.
- A text message is sent to parents informing them of medication and time given.

14. Administration of Controlled Drugs & Policy

Introduction

The Misuse of Drugs Act (1971) prohibits certain activities in relation to *Controlled Drugs (CDs)*, in particular their manufacture, supply and possession. In addition, the Misuse of Drugs Regulations defines the classes of person who are authorised to supply and possess controlled drugs while acting in their professional capacities. This guidance is to be used in relation with these statutes alongside the NMC Standards for Administering Medicines (2008).

Administration of Controlled Drugs

Methylphenidate (Medikinet, Concerta, Ritalin & Equasym), Dexamfetamine (Elvanse) and Atomoxetine (Strattra) are recognised medications used in the management of ADHD (Attention Deficit Hyperactivity Disorder). The school does not administer controlled drugs as part of a normal day pupil requirement however, on occasions a child may be boarding and require the administration of these medications.

Procedure for dealing with controlled drugs within school

- Staff in the nursing team receive the CD directly from parents
- The nursing team keep controlled drugs in a locked non-portable container and only named staff have access. A record of controlled drugs received and issued is kept for audit and safety purposes in a controlled drug recording book.
- Check items are in date
- Record date, amount received and from where
- Record new running balance
- Ensure that entry is signed
- Ensure label and product match
- Please enter details in red pen

All staff must seek medical advice if they are taking medication which may affect their ability to care for children.

Staff within the EYFS will be asked to disclose any change in medication at their termly supervision meetings. All staff

medication must be securely stored at all times. Staff within the EYFS must use the lockable storage lockers provided.

Storage

- Medication to be stored ONLY in lockable CD safe, which conforms to Misuse of Drugs (Safe Custody Regulations 1973) and BS2881: 1989 Security Level 1
- All medication to be kept in original packaging with dispensing labels
- Key to CD storage cupboard is held by School Nurse, House Parent, Matron and Assistant Matron on Duty
- All CDs to be returned to parents/carers during holiday periods (Christmas, Summer and Easter). This is recorded in the CD register.
- CD should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Dispensing CD's to pupils

- CD' should only be dispensed with a witness present

- Count medications, all packaging and match with last entry
- Record date, pupil, amount given
- Record new running balance with every administration
- Ensure that entry is signed and witnessed by authorised staff

Monitoring and Record Keeping

- The Bursar is the School's Accountable Officer
- Accountability for maintaining the running balance of CD stock and dealing with discrepancies lies with the School Nurse who reports to the Accountable Officer (not with the person to who they may delegate day-to-day responsibility)
- Stock balance to be checked monthly by 2 members of staff
- The CD Register should contain a separate page for each patient's medication and should always contain a running balance
- All staff completing the CD Register should enter signature and name to front of book
- When transferring the drug record to a new page, 'brought forward from page X' should be clearly written
- Any documentation errors should be crossed out with a single line and initialled. Correction fluid etc should never be used
- Records should be stored for at least 2 years and within the policy of the School's Data protection and *information storage policies*
- Any issue to be raised immediately to the School Nurse who will then initiate the Significant Event Policy promptly. The Accountable Officer should be notified within 48hrs.
- If the discrepancy cannot be resolved, the advice of the NHS National Commissioning Boards' Controlled Drugs Manager will be sought and the Headmaster will be informed.

School Residential trips

- CD's to be recorded *out* of the 'Controlled Drug Recording Book' and recorded *in* the 'School Trip Medication Log – Authorised Use Only'
- All medication to be kept in original packaging with dispensing labels
- Staff responsible for administering the CD's to have completed the relevant CD training with the School Nurse
- CD's to be kept in a lockable 'School Trip Medication Box' and resealed with a security seal after each dose administered
- Record date, time, pupil name, medication and dosage in the 'School Trip Medication Log'
- Authorised staff member only to sign that CD administered and pupil to countersign



PARENTAL CONSENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

This form is to be completed each time your child requires regular or occasional medication.

Name of Child: _____

Year Group and Tutor: _____

Reason for Medication: _____

Name of Medication: _____

Dosage and Method: _____

Frequency e.g. once daily, twice daily: _____

Special precautions / other instructions: _____

Are there any side effects that we need to know about?: _____

To commence from: _____ To Complete on: _____

Expiry date: _____ Amount supplied: _____

Medications will be returned to the parents of the child in the Front hall at the end of the Day / Week / Month / Term. Pick up time: _____ (Please let Medical Room know if Pick-up time changes).

Declaration: (To comply with the Medicines Act 1968)

I have ensured that the medication is in its original packaging, clearly labelled detailing contents, dosage, expiry date and the child's full name.

I give consent for my child, who is named above, to be given the medication detailed on this form. I understand that on arrival at school my child must hand all medication to the School Nurse, Matron or Assistant Matron in the Front Hall of the Manor House.

I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities by teaching/non-teaching staff in accordance with the school policy.

It is the responsibility of the pupil to attend the Medical Room for medication although every effort will be made by Medical Room staff and the teaching staff to remind pupils that medication is required.

Medications will be returned to the Parents of the child in the Front Hall at the end of the day.

Signature of Parent / Guardian: _____ Date: _____

Names of Parent / Guardian (Please Print): _____



Parental consent for school to administer an ‘over-the-counter’ (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Declaration: (To comply with the Medicines Act 1968)

I have ensured that the medication supplied is in its original packaging. I give consent for my child, who is named above, to be given the medication detailed on this form. I understand that on arrival at school my

child must hand all medication to the School Nurse, Matron or Assistant Matron in the Front Hall of the Manor House.

It is the responsibility of the pupil to attend the Medical Room for medication although every effort will be made by Medical Room staff and the teaching staff to remind pupils that medication is required.

Medications will be returned to the Parents of the child in the Front Hall at the end of the day.

Signature of Parent / Guardian: _____

Date: _____

Names of Parent / Guardian (Please Print):



Conditions and treatments that may be requested by parents for the school to administer for minor or self-limiting illnesses of children in nurseries or schools.

Nurseries and Schools		
OTC condition	Product that may be requested for administration at school	Age restrictions
Coughs, colds and nasal congestion	paracetamol ibuprofen cough mixtures e.g. Pholcodine	>2 months >2 months >6 years
Insect bites	Chlorphenamine cetirizine or loratadine hydrocortisone 1% cream	>1 year old >6 years old > 10 years old
Indigestion	e.g. Gaviscon	> 6 years old
Mild to moderate hay fever/ allergic rhinitis	Chlorphenamine cetirizine or loratadine	>1 year old >6 years old
Conditions associated with pain/discomfort or fever e.g. aches, sprains, headache, period pain, back pain, toothache/teething, mouth ulcers	Paracetamol ibuprofen	>2 months >2 months
Bacterial conjunctivitis	Chloramphenicol 0.5% eye drops or 1% cream	>2 years old
Oral thrush	miconazole 2% gel	>4 months of age
Nurseries only		
Infant Colic	e.g. colief drops	
Nappy rash	barrier creams	
Teething	teething gels	
Schools only		
Minor irritant dermatitis	hydrocortisone 1%	>10 years old
Travel sickness on school trips	cinnarizine promethazine hyoscine hydrobromide	>5 years old >5 years old >4 years old



BEACHBOROUGH SCHOOL HEALTH HISTORY AND CONSENT FORM

Please complete this form in block capitals

Surname.....

First Names.....

Male/Female* (please delete as appropriate)

Date of Birth.....

Religion..... **NHS No.**.....

Vaccinations

We expect **ALL pupils** to have been vaccinated as per the current UK NHS schedule as below. It is important to protect your child from vaccine-preventable infections but also to protect the whole school, particularly vulnerable students, with a high 'community immunity' against outbreaks of infectious disease.

Please attach a print out or photocopy of your child's vaccination history.

UK 2018 Immunisation Schedule	
AGE	Immunisation (Vaccine Given)
2 months	<p>DTaP/IPV(polio)/Hib/HepB (diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and hepatitis B) - 6-in-one injection (Infanrix hexa®); plus:</p> <p>PCV (pneumococcal conjugate vaccine) - in a separate injection (Prevenar 13®).</p> <p>Rotavirus (Rotarix®) - oral route (drops).</p> <p>Meningitis B Bexsero®.</p>
3 months	<p>DTaP/IPV(polio)/Hib/HepB 6-in-one injection, 2nd dose (Infanrix hexa®); plus:</p> <p>Rotavirus (Rotarix®) - oral route (drops).</p>
4 months	<p>DTaP/IPV(polio)/Hib/HepB 6-in-one injection, 3rd dose (Infanrix hexa®); plus:</p> <p>PCV 2nd dose (Prevenar 13®) - in a separate injection.</p> <p>Meningitis B 2nd dose (Bexsero®).</p>
Between 12 and 13 months	<p>Hib/MenC (combined as one injection) - 4th dose of Hib and 1st dose of MenC (Menitorix®); plus:</p> <p>MMR (measles, mumps and rubella) - combined as one injection (Priorix® or M-M-RVAXPRO®); plus:</p> <p>PCV 3rd dose (Prevenar 13®) - in a separate injection.</p>

UK 2018 Immunisation Schedule	
	Meningitis B 3rd dose (Bexsero®).
2-8 years	Nasal flu spray annually (Fluenz®). For children aged 2, 3 and 4, this is usually given in the GP surgery. Children in school years 1, 2 and 3 may have this at school.
3 years and four months	Preschool booster of DTaP/IPV (polio) . 4-in-one injection (Repevax® or Infanrix-IPV®); plu MMR 2nd dose (Priorix® or M-M-RVAXPRO®) - in a separate injection.
12-13 years (girls & boys)	HPV (human papillomavirus types 16 and 18) - two injections (Gardasil®). The second injection is given 6-12 months after the first one.

Past Medical History

Please give names and addresses of any specialists or therapists where necessary.
Please feel free to contact the School nurse if you wish to discuss anything in detail.

Is your child currently under follow up from your GP or any specialist or therapist? **YES/NO**
 Has your child undergone such follow up in the past? **YES/NO**
 Has your child ever been admitted to hospital for treatment or investigation? **YES/NO**
 Please give **FULL** details if you answer **YES** to any of the above questions, on a separate sheet if necessary

Please give details (drug name and dose) if your child is currently taking any medication regularly or occasionally prescribed or over the counter e.g. tablets, medicine, inhalers, cream or spray. Including Hay fever medication.

Please give details if your child suffers from an allergy or is sensitive to any medications or foods.

Does your child need to carry injectable adrenaline? **YES/NO**
 Is your child treated for Diabetes, Asthma or Epilepsy? **YES/NO**
 Is your child taking treatment for ADHD? If yes, we will need the latest clinic letter from their specialist. **YES/NO**
 Is your child able to take part in normal school routines, both work and sport? **YES/NO**

Which statement best describes your child (please tick)

- My child is fully toilet trained and wears underwear
- My child is working towards being toilet trained and, with reminders, is happy to sit on the toilet
- My child is working towards being toilet trained but still has numerous accidents a day
- My child is still in pull ups and shows little sign of progress towards their toilet training

Please give details of any significant family health history (continue on separate sheet if necessary).

Is there any further information you may feel we need to be aware of?

CONSENT

Email is the quickest way to contact you about routine medical issues, these may contain confidential information. **We will use the email address held by the school unless you indicate otherwise here.** Please ensure you keep the School informed of any changes to your details.

Please read the following carefully. If you do not agree with any item, please arrange to discuss it with the School Nurse.

I have read the relevant chapters in the First Aid Policy and Medication Administration Policy about Beachborough's medical provision and medications in school. **YES/NO**

In the event of an emergency, I give consent for my child to receive emergency medical, surgical, dental treatment including a general anaesthetic and blood transfusions. **YES/NO**

If my child is asthmatic and/or prescribed an inhaler, I consent to them receiving an emergency supply of Salbutamol if required. **YES/NO**

I consent to my child receiving over the counter remedies (as listed in Appendix 4 of the Medicine Administration Policy) from the

School Nurse, Matron or an appropriately trained staff member I am aware I will be informed of any medication my child receives the same day or as soon as reasonably practicable. **YES/NO**

15

I give permission for the School Nurse to approach my child's family doctor or specialist if required. **YES/NO**

Name (please print)

.....

Relationship to pupil

.....

Signed **Date**

**Please return completed form to School Office before the start of term.
School Nurse can be contacted by email: medical@beachborough.com**



BEACHBOROUGH SCHOOL OFF-SITE VISIT PARENTAL CONSENT FORM

DATE & DESTINATION OF VISIT:

PUPIL'S SURNAME: _____ PUPIL'S FIRST NAME: _____

PARENTS' ADDRESS: (If different during the visit)

PARENTS' PREFERRED CONTACT PHONE NUMBERS (Please include a mobile)

CAN YOUR CHILD SWIM 50 METRES? YES / NO

ARE THERE ANY ACTIVITIES THAT YOU WOULD PREFER YOUR CHILD NOT TO DO? NO /YES
(Give details)

DOES YOUR CHILD FOLLOW A SPECIAL DIET? _____

DOES YOUR CHILD HAVE ANY CONDITION REQUIRING MEDICAL TREATMENT, INCLUDING MEDICATION? Please give details:

IS YOUR CHILD VACCINATED AGAINST TETANUS? YES / NO

DATE OF INJECTION _____ DATE OF BOOSTER _____

HAS YOUR CHILD SUFFERED FROM ANY OF THE FOLLOWING?

Asthma/bronchitis	yes / no	recent fracture/ligament damage	yes / no
Heart condition	yes / no	severe headaches/migraine	yes / no
	yes / no	haemophilia	yes / no
Diabetes	yes / no	sleep walking	yes / no
Any allergies	yes / no	any other illness	yes / no
Adverse reaction to any medicine	yes / no	Bed wetting	yes / no

If necessary, please continue on reverse of form.

NAME / ADDRESS / TELEPHONE NO. OF FAMILY DOCTOR:

I wish my son/daughter to take part in the above mentioned visit and having read the information sheet agree to him/her taking part in the activities described. I shall instruct my son/daughter to wear a seat-belt whilst travelling by motor vehicle and to abide by any safety instructions and behavioural requirements.

If appropriate I will provide full instructions for any medication required by my son/daughter during the trip and give permission for this and the following medications to be administered by the accompanying staff: Calpol, Nurofen, Piriton, Joyrides. In the unlikely event of illness or injury during the trip I give permission for my child to be referred to the appropriate medical establishment.

Signed: Print:..... Date:.....



HOMELY REMEDY PROTOCOLS

Strepsils Children 6+ Lozenges	To relieve the discomfort of sore throats	Children over 6 years of age: Dissolve one lozenge slowly in the mouth every 2-3 hours. Maximum 12 lozenges in 24 hours	Contains Glucose	Consult GP if symptoms persist after 3 days or symptoms worsen
Kwells Kids 150mcg Hyoscine Hydrobromide	Prevention of travel sickness	Take tablet 30 mins prior to travelling. Children 4-10 years: half to one tablet every 6 hours as required. Children over 10 years: One to two tablets every 6 hours as required. Do not give this medication more than 3 times in 24 hours.	Store below 25°C Tablets may be sucked, chewed or swallowed. May cause drowsiness. Children who have taken Kwells should not be left unattended.	
E45 Cream Anthisan Cream	To rehydrate dry or chapped skin Provides relief from insect bites, stings and nettle rash	Apply to affected areas as often as required Apply directly to site. For best results use as soon as possible following bite or sting Apply 2-3 times a day for up to 3 days	External use only Do not use on large areas of skin. Do not use if the skin is cut, broken or grazed. Stop using if there are any signs of skin sensitivity. This includes redness, swelling, itching,	No maximum treatment duration Consult GP if symptoms worsen or persist

			pain or burning sensation External use only	
Germolene Antiseptic Cream	Antiseptic cream used in first aid to clean minor wounds and grazes.	Use sparingly – apply to affected areas	External use only	No maximum treatment
Vaseline Petroleum Jelly	To rehydrate dry or chapped skin conditions	Apply liberally when needed	External use only	No maximum treatment duration
Rennie	For the relief of heartburn, indigestion and trapped wind	For children over 12 years 2 tablets to be sucked or chewed as required. No more than 10 tablets in 24 hours	Contains sucrose and glucose Store below 25°C	Consult GP if symptoms persist after 14 days.
Boots Soltan Factor 30 & 50 sun cream	Protection before and during exposure to the sun	Apply to skin that is to be exposed to sunlight. Reapply after water-based activities		

Commencement date: November 2021

Review date: November 2022

Homely Remedy Policy Developed and Authorised by:

Dr	School Doctor	
Louise Coker	School Nurse	



Parental Consent for Home Remedy Medication

Child's name: _____ Year Group: _____

Please tick the relevant boxes.

Name of medicine	Indication for its use as a homely remedy	Yes	No
Paracetamol 500mg Caplets	For relief of occasional mild to moderate pain and high temperature in children over 12yrs old		
Paracetamol 250mg/5ml suspension (Calpol Six Plus) Sugar free	For relief of occasional mild to moderate pain and high temperature in children over 6yrs old		
Calpol Six Plus Fastmelts	For relief of occasional mild to moderate pain and high temperature in children over 6yrs old		
Calpol Infant 120mg/5ml suspension – Sugar free	For relief of occasional mild to moderate pain and high temperature in children under 6yrs old		
Ibuprofen 200mg tablets	For relief of occasional mild to moderate pain and high temperature in children over 12yrs old Not to be given to people with Asthma Always to be given on a full stomach		
Nurofen 100mg/5ml suspension – Sugar free	Reducing high temperature, relieve pain in children 3mths to 12yrs Not to be given to Asthmatics Always to be given on a full stomach		
Nurofen 100mg Chewable capsules 7+	Reducing high temperature, relieve pain in children over 7yrs Not to be given to Asthmatics Always to be given on a full stomach		
Nurofen Singles 100mg/5ml suspension	Reducing high temperature, relieve pain in children 3mths to 9yrs Not to be given to Asthmatics Always to be given on a full stomach		
Chlorphenamine Syrup (Piriton) 2mg/5ml	For relief of allergy in children and adults over 1yr		
Chlorphenamine Tablets (piriton) 4mg	For relief of allergy in children and adults over 1yr		
Strepsils 6+ Sugar free lozenges	For sore throats		
Hyoscine Hydrobromide 150mcg tablets (Kwells Kids)	For relief of motion and travel sickness in children over 4yrs		
Sodium chloride eye irrigation fluid	An eye wash for first aid		
Rennie peppermint	For relief of indigestion, heartburn, flatulence and upset stomach in children over 12yrs		

Other medication for external use:

Antisan Cream (Mepyramine Maleate 2%)	For relief from insect bites, stings & nettle rash		
Arnica Cream	For symptomatic relief of bruises		
Germolene	Numbs pain, relieves itching and irritation of minor skin injuries		
E45	To soothe dry, itching, flaking, sunburned skin		
Petroleum Jelly	To soothe dry skin and lips		
Sudocreme	To soothe skin		
Soltan Kids sun lotion	Skin protection from the sun		
Various plasters, dressings & Elastoplast wound spray. Magnesium Sulphate Paste	Wound care A drawing paste for to help treat minor skin infections		

I consent for the above medications to be administered by the School Nurse or a member of staff trained in medication administration. All medication will be given in accordance with the manufacturer's instructions.

Parent/Carer Signature: _____

Date: -

Parent/Carer Name (Print): _____

References

Department for Education and Employment *Guidance on First Aid at Schools*

Department for Education *Supporting Students with Medical Needs* (
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

Controlled drugs: safe use and Management
<https://www.nice.org.uk/guidance/ng46/chapter/recommendations>

New NMC Code 2015:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicinesmanagement.Pdf>

www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

Dept for Education Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014

Dept for Education Boarding schools National minimum standards In force from 1 April 2015

Department for Education and Employment *Supporting Students with Medical Needs*

(<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/b0013771/managing-medicines/managing-medicines-in-schools>)

Department of Health (2005) *Managing Medicines in Schools and Early Years Settings*

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/pushing-back-on-inappropriate-workload/prescribing-non-prescription-medication>

<http://mosa.org.uk/pdfs/Administration%20of%20medicines%20in%20schools.pdf> (2007)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf (Feb 2013)

<https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/> (2009)

NICE Guidelines NG46 Controlled Drugs: Safe Use and Management-

<https://www.nice.org.uk/guidance/ng46>

<https://www.oxfordshireccg.nhs.uk/professional-resources/documents/care-homes/Homely-Remedies-Good-Practice-Guideline.pdf>

Misuse of drugs Regulations 2001

Controlled Drugs (Supervision of Management and Use) Regn 2013

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency>

Controlled Drug (CD) Standard Operating Procedures (SOPs) for GP surgeries Version 13

