



THE WILLOWS
PRIMARY SCHOOL AND NURSERY

**Managing Children with Medical Conditions and
Medicines in School Policy**

Reviewed By	Date	Governing Body Committee Approval	Date

The Willows Primary School and Nursery Managing Children with Medical Conditions and Medicines in School Policy

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015 and prescribed in the Trust adopted Essex Council Policy "Supporting pupils with medical conditions who cannot attend school".

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at The Willows Primary School and Nursery are managed appropriately. They will be supported with the implementation of these arrangements by Head teacher and school staff.

The lead for the management of medicines is Mrs I Low. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the Willows Primary School and Nursery community will be made aware of and have access to this policy. This policy will be reviewed bi-annually.

Admissions

When the school is notified of the admission of a pupil with medical needs the Class Teacher and the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an Individual Health Plan (IHP) and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place. There is a template letter for contacting parents in Appendix **Template G**.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Prescribed and non-prescribed medication – each request to administer medication must be accompanied by 'Parental consent to administer medication form (Template B).

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.

The Headteacher or a member of the Leadership Team must first agree the administration of the

medicine if it is for a re-occurring or long-term illness. The parent or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents must complete a 'Parental agreement for setting to administer medicine' form (Appendix Template B). On no account should a child come to school with medicine if he/she is unwell.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the "London Schools' Guide for the care of children and young people with asthma" which the Trust has adopted as its Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma and complete the Individual Protocol for pupils with mild asthma.

Inhalers are kept in a box in the classrooms. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider.

It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Each child should have 2 have two Epi-pens, 1 in the classroom and 1 in the medical room. Epi-pens are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated every year.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office and also in the inside front cover of the Record of Medicine Administered to Individual Children folder.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained (Appendix Template B). Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operatively general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHC. In addition to the protocol for the administration of paracetamol detailed above the school will:

If a dose of pain relief has not been administered in the past four hours the school will with parental consent administer one dose.

- Only administer paracetamol for a maximum of 1 week.
- The parent or guardian will supply daily a single dose of paracetamol for administration. This can be in the form of a liquid sachet.
- The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHC.

The school will inform the parent/guardian if pain relief has been administered and the time of administration. Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc.

If the school is in any doubt if symptoms warrant pain relief the school nurse will be contacted for further advice.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) (Appendix Template A) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

Impaired mobility

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' form (Appendix Template B).

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Supporting pupils with medical conditions' (Appendix Template E)

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of medicine administered to an individual child' (Appendix Template C) and 'Record of medicines administered to all children - Supporting pupils with medical conditions' (Appendix Template D).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epi-pens are kept in the office in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

Medicines that require refrigeration are kept in the Staffroom, clearly labelled in an airtight container.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the 'Guidance on infection control in schools and other childcare settings' from the Health Protection Agency.

If the school holds any cytotoxic drugs, their management will be separately risk

assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' (Appendix Template C) and 'record of medicine administered to all children' (Appendix Template D).

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents should ensure they complete a consent form (Appendix Template A) and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self- administration.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution.

Appendices

Template A Individual Healthcare Plan (IHP)

Template B Parental agreement for setting to administer medicine'

Template C Record of medicine administered to an individual child'

Template D Record of medicines administered to all children - Supporting pupils with medical conditions'

Template E Staff training record – Supporting pupils with medical conditions'

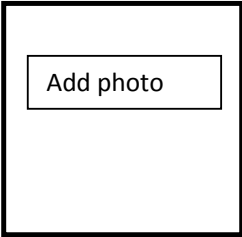
Template F Contacting Emergency Services

Template G Model letter to parents re IHCP

Template H Individual Protocol for a pupil using antihistamine (eg Piriton)

Template I Individual Protocol for a pupil under the age of 10 using paracetamol

Template A: Individual healthcare plan (IHCP)



Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

Template B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: Record of medicine administered to an individual child

Name of school/setting	
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	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by _____

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	<hr/>		

Template E: Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Refresher/update training date	
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 is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. telephone number

School telephone

2. your location as follows [insert school/setting address]

School address

3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode

4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:

5. your name
6. provide the exact location of the patient within the school setting
7. provide the name of the child and a brief description of their symptoms
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

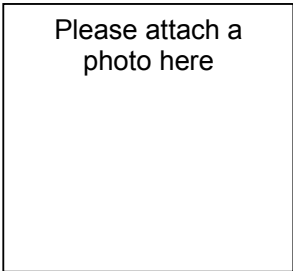
Yours sincerely

Template H Individual Protocol for a pupil using antihistamine (eg Piriton)

Individual Protocol for... using Antihistamine (eg Piriton)
(based on model WSCC Protocol dated August 2011)

Name:

Date of Birth:
Class:
School:
Nature of Allergy:



Contact Information

Family Contact 1

Name:
Relationship:
Phone Numbers:
Home:
Work:
Mobile:

Family Contact 2

Name:
Relationship:
Phone Numbers:
Home:
Work:
Mobile:

GP

Name:
Phone No:
Address:

Clinic/ Hospital Contact

Name:
Phone No:
Address:

MEDICATION - Antihistamine

Name on Antihistamine & Expiry date:
.....

- It is the parents responsibility to ensure the Antihistamine has not expired

Dosage & Method: **As prescribed on the container.**

- It is the schools responsibility to ensure this care plan is reviewed with the parents
- It is the parent's duty to inform the school of any changes in condition or treatment.

Agreed by: School Representative.....Date.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

Parent..... Date.....

Individual protocol for..... using Antihistamine (eg Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Inform parent/guardian
to collect

.....
from school

Stay Calm

Reassure
.....

Give **Antihistamine**
Delegated person responsible
to administer antihistamine, as
per instructions on prescribed
bottle

Observe patient and monitor
symptoms

If symptoms progress and
there is any difficulty in
swallowing/speaking
/breathing/
cold and clammy
Dial 999

A = Airway
B = Breathing
C = Circulation

If child is prescribed an
adrenaline auto injector
administer it - follow
instructions on protocol

If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY
INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the
child.

Template I Individual Protocol for a pupil under the age of 10 using paracetamol

**Individual Protocol for a pupil under the age of 10 using paracetamol
Based on the WSCC model Protocol dated August 2015**

<u>Reviewed daily</u>	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>
<u>Date</u>					

Name of pupil:

Date of Birth:
Class:
School:

Please attach
a photo here

Family Contact 1

Name:
Relationship:
Tel: Home:
Tel: Work:
Tel: Mobile:

Family Contact 2

Name:
Relationship:
Tel: Home:
Tel: Work:
Tel: Mobile:

Contact details for the GP/Consultant /Dentist/Nurse Practitioner/School Nurse who has recommended on demand pain relief

Name:
Surgery/Hospital/Clinic:
Phone No:
Address:

Condition requiring pain-relief:.....

MEDICATION – Standard paracetamol suitable for children supplied by the parent as tablet/liquid (delete as appropriate) **NB. Paracetamol combined with other medication cannot be administered**

Name of medication:.....

Expiry Date:.....

NB: It is the parents responsibility to ensure the Paracetamol has not expired

Dosage & Method: As prescribed on the container appropriate for the age and weight of the pupil. Medication will be administered following the protocol detailed overleaf. Only 1 dose can be administered at school for a maximum of 1 week and this requirement will be reviewed daily by the school in conjunction with the parent/guardian.

Emergency procedures – if the pupil develops a rash or swelling this might be a sign of an allergic reaction or if it is suspected that the child has taken too much paracetamol in a 24 hour period call 999 and then contact the parents.

Protocol for the administration of paracetamol

- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Does your child have any of the following

- | | |
|------------------------|-----------------------|
| Liver problems | Long term dehydration |
| Kidney problems | Epilepsy |
| Long term malnutrition | |

If so, paracetamol must be used with caution

Do not administer if the pupil is also taking any of the following drugs:

- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide – used to treat type 2 diabetes)
- Imatinib – used to treat leukaemia
- Other drugs containing paracetamol

Failure to inform the school of this vital information is placing your child at risk

Record of administration of paracetamol

Day	1	2	3	4	5
Dose					
Time					
Additional parental consent gained(time)					

Agreed by: School Representative.....Date.....

I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education.

I confirm that I have administered paracetamol in the past to my child without adverse reaction. I am aware that I will be informed by the school in writing when medication has been administered via a form in the child’s book bag.

I am aware that my child can only have 4 doses of paracetamol in any 24 hour period.

Agreed by: Parent.....Date.....