

A young woman with dark hair pulled back, wearing a teal V-neck sweater, is smiling warmly. She is positioned on the right side of the frame, leaning against a light-colored wooden wall. On the left side, there is a large teal cross-shaped graphic. Inside the horizontal bar of the cross, the word "forms" is written in white, lowercase, sans-serif font.

forms

How to use the forms

The following forms can be used to help your school implement a medical conditions policy. The forms are based on the DfES guidance *Managing Medicines in Schools and Early Years Settings*, and have been amended to incorporate advice and comments from school staff, parents and organisations who represent children and young people with medical conditions.

These may be adapted to meet the needs of your school.

Form 1 – Healthcare Plan

Healthcare Plans are the ideal tool for your school to record important details about individual pupils' medical needs, their triggers, signs, symptoms, medication and other treatments. Healthcare Plans record details about the medication pupils take both in and outside school hours. They are also a convenient way to record permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self administered by individual pupils during school hours.

Your school can request that all parents of pupils with a medical condition complete a plan at the beginning of each school year, or when they enrol. Plans should be updated every year and whenever an individual pupil's condition or medical needs change.

Parents, pupils and the pupil's healthcare professional should be asked to fill out an individual pupil's healthcare plan together. Parents can then return these completed forms to the school.

It may be helpful to ensure that a relevant member of school staff is also present, to help draw up Healthcare Plans for pupils with complex healthcare or educational needs.

Your school will also find Healthcare Plans helpful to:

- + create and update a centralised register of pupils with medical conditions in your school
- + identify common or important individual triggers for pupils with medical conditions at your school to help you devise a trigger reduction schedule
- + ensure your local emergency care services have a timely and accurate summary of a pupil requiring emergency treatment.

Everyone who contributes to a pupil's plan, including the pupil's parents and the school, should keep a copy.

Form 2 – Template letter

Your school can adapt this template letter, as required, to accompany Healthcare Plans when they are sent to parents of pupils with medical conditions.

Form 3a – Medication permission and record: individual pupil

This form can be used to record the administration of medication during school hours for individual pupils. Your school may choose to use this form to record the administration of long-term medication, such as insulin. It is also be an ideal way to record short-term courses of medication (eg, antibiotics) that pupils may need to take during school hours.

Pupils' parents can be asked to fill in the information about their child and their child's medication on this form. Individual pupils' parents and the school should all keep a copy of the first page of this form. The school can then use the rest of the form to record every time the pupil has taken their medication.

Form 3b – Record of medication: all pupils

Your school may choose to use this form to keep a record of each time medication is administered to a pupil by a member of staff or when staff supervise a pupil self administering their medication. If a pupil refuses to have medication administered, this can also be recorded on this form. This form can be used on its own, or alongside Form 3a.

Form 4 – Staff training record

This form can be used by your school to record the details of staff who have received training for administering medication to pupils, where specific training is required.

Form 5 – Residential visits and out-of-school activities

This form can be used to send to parents of children with medical conditions to complete on each occasion their child attends a residential visit or starts a new out-of-school activity.

This form can help your school receive up-to-date information on pupils' medical conditions, any current medication they are taking and their current level of overall health. The 'residential visits' form can be attached to a copy of the pupil's Healthcare Plan and taken on the residential visit by a nominated member of staff.

Form 6 – Strategy and schedule for minimising triggers

Your school can use this form to record common triggers (or factors that make a pupil's medical condition worse) for common medical conditions pupils have at your school. Triggers that individual pupils are particularly sensitive to can also be included on this form. This form is an ideal way to help your school make a plan to minimise and eliminate exposure to the health and safety risks of medical condition triggers.

Form 7 – Contacting emergency services

Your school can use this form to make all staff aware about how to contact the emergency services by keeping this form next to every phone in the school.

*The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Forms are available to download from www.medicalconditionsatscholl.org.uk

Date form completed _____

Date for review _____

Copies held by _____

Healthcare Plan

For pupils with medical conditions at school



1. Pupil's information

Name of school _____

Name of pupil _____

Class/form _____

Date of birth _____ male female

Member of staff responsible for home-school communication _____

2. Contact information

Pupil's address _____

Postcode _____

Family contact 1

Name _____

Phone (day) _____

Mobile _____

Phone (evening) _____

Relationship with child _____

Family contact 2

Name _____

Phone (day) _____

Mobile _____

Phone (evening) _____

Relationship with child _____

GP

Name _____

Phone _____

Specialist contact

Name _____

Phone _____

Medical condition information

3. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

Triggers or things that make this pupil's condition/s worse:

4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

5. What to do in an emergency

6. Regular medication taken during school hours

Medication 1

Name/type of medication
(as described on the container):

Dose and method of administration
(the amount taken and how the medication
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that
could affect this pupil at school?

Are there any contraindications
(signs when this medication should not be given)?

Self-administration: can the pupil
administer the medication themselves?

yes no yes, with supervision by:

Staff member's name

Medication expiry date

Medication 2

Name/type of medication
(as described on the container):

Dose and method of administration
(the amount taken and how the medication
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that
could affect this pupil at school?

Are there any contraindications
(signs when medication should not be given)?

Self-administration: can the pupil
administer the medication themselves?

yes no yes, with supervision by:

Staff member's name

Medication expiry date

7. Emergency medication

(please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

Describe what signs or symptoms indicate an emergency for this pupil

Dose and method of administration (how the medication is taken and the amount)

Are there any contraindications (signs when medication should not be given)?

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

Self-administration: can the pupil administer the medication themselves?

yes no yes, with supervision by:

Staff members name

Is there any other follow-up care necessary?

Who should be notified?

Parents Specialist GP

8. Regular medication taken outside of school hours

(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

Are there any side effects that the school needs to know about that could affect school activities?

9. Members of staff trained to administer medications for this pupil

Regular medication

Emergency medication

10. Specialist education arrangements required

(eg activities to be avoided, special educational needs)

11. Any specialist arrangements required for off-site activities

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

12. Any other information relating to the pupil's healthcare in school?

Parental and pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed _____ Date _____

Pupil

Print name _____

Signed _____ Date _____

Parent (if pupil is below the age of 16)

Print name _____

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed _____ Date _____

Print name _____ Job title _____

Permission for emergency medication

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil _____

Signed _____ Date _____

Parent/guardian (or pupil if above age of legal capacity)

Head teacher agreement

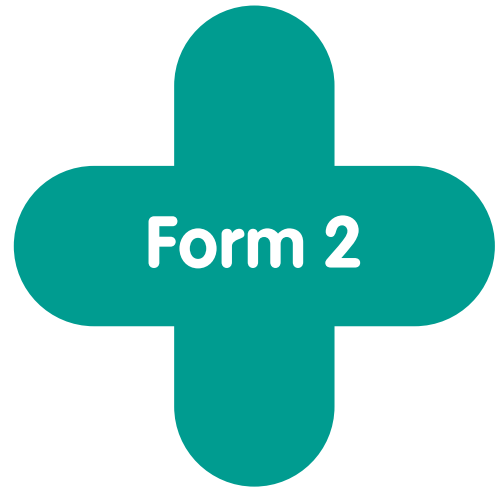
It is agreed that (name of child) _____

- will receive the above listed medication at the above listed time (see part 6).
- will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until _____
(either end date of course of medication or until instructed by the pupil's parents).

Template letter

To download this letter visit
www.medicalconditionsatschool.org.uk



Dear Parent

Re: The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, relevant voluntary organisations and the school's governing bodies, our school has recently established a new medical conditions policy for use by all staff.

As part of this new policy, we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on [insert school contact number].

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely

Head teacher

Medication permission and record: individual pupil



Pupil's information

Name of school _____

Name of pupil _____

Class/form _____

Any other information _____

Staff signature _____

Print name _____

Date medication provided by parent _____

Name of medication _____

Dose and method (how much and when taken) _____

When is it taken (time of day) _____

Quantity received _____

Expiry date _____

Date and quantity of medication returned to parent _____

Parent signature _____

Print name _____

Parent contact number _____

Date			
Time given			
Dose given			
Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Member of staff			
Staff initials			

Date	Pupil's name	Time	Name of medication	Dose given	Any reactions	Signature of staff member	Print name

Record of medication: all pupils



Staff training record: administration of medication



Individual's information

Name of school _____

Training provided by _____

Type of training received _____

Trainer job title and profession _____

Date of training completed _____

I confirm that the following people have received the training detailed above.

Name of people attending training 1. _____

2. _____ 3. _____

4. _____ 5. _____

Trainer's signature _____ Date _____

Use a separate sheet if more than five people have received training.

I confirm that the people listed above have received this training.

Headteacher signature _____ Date _____

Suggested date for update training _____

Residential visits and out-of-school activities

For pupils with medical conditions at school



Contact details

Name _____

Relationship to pupil _____

Phone (day) _____

Mobile _____

Phone (evening) _____

Address: _____

Postcode _____

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the visit no earlier than seven days before the start of the visit. For more than two types of medication repeat page f5.2. This form will be attached to the Healthcare Plan and taken on the visit.

Name of school _____

Date(s) of visit _____

Visit destination _____

Group/class/form _____

Name of pupil _____

Date of birth _____

Medical condition/illness _____

Medication 1

Name/type of medication
(as described on the container)

Expiry date

Dose and method

When is it taken

Are there any contraindications
(signs when medication should not be given)

Are there any side effects that the school/setting
needs to know about?

Self-administration Yes No
 Yes with supervision by (staff member below):

What to do in an emergency

Medication 2

Name/type of medication
(as described on the container)

Expiry date

Dose and method

When is it taken

Are there any contraindications
(signs when medication should not be given)

Are there any side effects that the school/setting
needs to know about?

Self-administration Yes No
 Yes with supervision by (staff member below):

What to do in an emergency

Trigger	Where trigger affects pupils	When trigger affects pupils	Action to take	Person responsible	Date action to be taken	If action is ongoing who's responsible to ensure it continues to happen

f6.1

Strategy and schedule for minimising triggers for medical conditions at school



Contacting Emergency Services



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

1. Your telephone number.
2. Give your location as follows.

insert school address and postcode

3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Don't hang up until the information has been repeated back to you.

Speak clearly and slowly

Disclaimer

The organisations involved in the production of this pack have made every effort to ensure the accuracy of information it contains, but cannot be held liable for any actions taken based on this information.

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