



# Medical and Infection Control Protocol



Author: Barbara Calnan

Last review: October 2018

Next review: October 2019

Approved by: C Reynolds

Document: V3

## **Introduction**

University College School are committed to ensuring the health and wellbeing of all our pupils, both physical and mental, and it is our priority to make sure that they are appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is important to identify those pupils who have conditions that require a level of assistance or management whilst at school. To assist in this process all parents must complete a Medical History Form, completed during admissions, and where necessary pupils will be provided with a Medical Treatment Plan.

This document outlines the processes we have in place to help manage medical, ill health and infection control and should be read in conjunction with the First Aid policy (published on the UCS web page), Food Allergen Policy and Mental Health Guidelines (both published on parents page of firefly).

## **Medical Suite / First Aid Room opening hours and contacts**

Senior School Medical Suite:

Opening Hours: 8.30am to 4.30pm

Phone: 020 7433 2173

[nurse@ucs.org.uk](mailto:nurse@ucs.org.uk)

Junior Branch Medical Suite:

Opening Hours: 8am to 5pm

Phone: 020 7435 3068

[jbnurse@ucs.org.uk](mailto:jbnurse@ucs.org.uk)

Pre-Prep First Aid Room:

Opening Hours: 8am to 4pm.

Phone: 020 7722 4433

[Debbi.mayne@ucs.org.uk](mailto:Debbi.mayne@ucs.org.uk)

The Foundation has a well-equipped Medical Suite at the Junior School (JB) & Senior School (SS) each are staffed with Qualified Nurses or Senior First Aider's trained in the Medical Suite. The Pre-Prep (PP) has a First Aid room that is staffed by a designated First Aider.

## **Medical Examination**

The Foundation has a part-time School Doctor at the Junior School and at the Senior School. New pupils are invited for a medical during their first year at the JB & SS. The medical includes a general health consultation, examination by the School Doctor,

height and weight measurement, blood pressure and vision testing. A hearing test (audiogram) is performed on all new JB pupils. JB parents are invited to the first school medical with a further medical being offered to pupils in year 5. Transitus and Upper 6<sup>th</sup> Students are offered elective medicals at the end of Term 2.

In the SS we no longer perform routine testicular examinations as most boys will have already had a check-up. One boy in 120 with an untreated undescended testes will develop a malignancy. If your son has not been previously examined or you are unsure if his testes are undescended please email the School Nurse prior to the medical and request that the examination be performed. A Doctor and Nurse will be present during the examination. Alternatively this examination can be undertaken by your GP.

The Foundation does not conduct routine dental or hearing checks (apart from on entry to JB). We advise annual check-ups with your dentist and audiologist, and an annual optician appointment is also advised.

### **Confidentiality in the Medical Suite**

Medical Records are stored confidentially on a school medical computer system called Patient Tracker. Only Medical Suite / First Aid Room staff have access to these files. The files are encrypted to ensure confidentiality and compliance with the GDPR regulations. All students' accidents / injuries / illnesses that are assessed in the Medical Suite are documented into Patient Tracker. Other documents that can be stored on Patient Tracker are school medicals, treatment plans, letters from consultants and immunisation records.

SS parents will be notified via email with the consultation documented in Patient Tracker, if the nurse deems this necessary. JB parents are routinely emailed with details of their son's consultation with the school nurse.

For further information about confidentiality in the Medical Suite refer to Firefly – Medical section.

### **Injuries and Minor Ailments**

A qualified nurse is on duty daily to treat injuries and minor ailments occurring at school. All consultations assessed and treated in the Medical Suite are documented on Patient Tracker. Parents will be informed if they need to collect their child. Parents are reminded to update the school if their contact details change in case we need to contact them urgently. Every parent should ensure that they nominate a responsible adult who is available to collect their child from school in their absence. **To ensure pupil safety no pupil who is unwell will be allowed to leave school without a**

**parent, guardian or nominated adult being present.** Parents are asked not to send pupils for specific advice that should be obtained from their family doctor.

We also have qualified First Aiders at each school site, for further information please refer to the First Aid Policy.

## **Head Injuries**

Parents are always notified by email of any head injury their child sustains. If necessary parents will also be contacted by telephone. See Guidelines for Head Injuries (Appendix 1). If concussion is diagnosed please see the Concussion Guidelines (Appendix 2). These guidelines must be followed for all sports.

*Definition of Concussion: Concussion is a disturbance of the normal working of the brain but without there being any structural damage. Most people who sustain a concussion do not require any treatment as they normally get better by themselves and recover quickly, but for some the symptoms may last for days, weeks or in rare cases even longer. (RFU – Headcase)*

## **Arrangements for Pupils with Serious Medical Conditions**

If your child suffers from severe asthma, diabetes, epilepsy, anaphylaxis or any other serious medical condition, to ensure his/her safety and well-being, parents will be requested to complete an Individual Treatment Plan, and will be contacted annually for these to be updated. Most teaching staff receive regular training regarding basic management of these conditions. Management details for anaphylaxis, asthma, diabetes and epilepsy can be found in Appendices 3 to 6.

For treatment plans refer to Firefly under the Medical section. Copies of all completed treatment plans must be updated annually and will be kept on Patient Tracker and hard copies can be found in the Medical Suite. Students that have been recognised as being at risk of anaphylaxis will carry a copy their treatment plan in the UCS blue case together with their emergency medication.

A list of pupils with the above conditions is provided to the appropriate staff to view on the Staff Firefly and on SIMS to ensure their pastoral and safety whilst attending school.

## **Management Plan for the Administration of Medicines in School**

There is no legal duty that requires school staff to administer medicines at school. However, it is recognised that sometimes students may require either prescribed short term medication e.g. antibiotics or long term medication e.g. insulin to be given at school to enable them to benefit the most from their education.

For JB & SS students, over the counter medication such as paracetamol, ibuprofen (Nurofen) and Piriton (anti-histamine) may sometimes be required and will be offered if parents have consented on the Parental Agreement for School Staff to Administer Medication form (Appendix 8).

With the exception of certain emergency medication e.g. asthma and anaphylaxis treatment, all medications should be given to the School Nurse for safekeeping during the school day.

Where a pupil is required to carry medication for an emergency i.e Anaphylaxis, asthma we will require parents to complete the form 'Request for my Child to Carry their Own Medication' and return it to the school nurse. A Treatment Plan will then be completed in conjunction with the parents.

### **Early Years Foundation Stage (EYFS) – UCS Pre-Prep**

Medicines will only be administered if they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Both prescription and non-prescription medicines must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent or carer. A written record of the medicine administered to a child will be kept and parents or carers will be informed on the same day or as soon as reasonably practicable.

Parents should complete both the Administering Medicines Policy and Form 1 "Parental Agreement for School Staff to Administer Medication." A record of administration must be completed and signed each time a prescribed medicine is given to a pupil. For the Pre-Prep, parents must complete and sign the "Administering Medicines Permission" Form. Please consult the UCS Pre-Prep Administering Medicines Policy for further detail.

Staff medication on the premises must be securely stored and out of reach of children at all times. *For staff reference you should notify your line manager and HR if you are diagnosed with a condition and are taking medication that may affect your performance whilst you are at work.*

### **Prescribed Medication**

Medicines should only be taken to school when essential; that is where it would be detrimental to the pupil's health if the medicine was not administered during the

school day. The Foundation should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be in the original container as dispensed by the pharmacist and include the pharmacist's instructions for administration. The Foundation should never accept medicines that have been taken out of their original container or make changes to dosages on parental instructions.

Parents should be encouraged to ask the prescriber to order the dose frequencies of medicines so that they may be given outside school hours.

### **Administering Medicines**

**No pupil under 16 should be given medicines without their parent's written consent.** Parents should complete Form 1(Appendix 8) "Parental Agreement for UCS to Administer Medication." For the Pre-Prep, parents must complete and sign the "Administering Medicines Permission" Form. School Nurses will follow the NMC Standards for Medicine Management when administering any medicine. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

### **EYFS**

The school keeps a written record each time a medicine is administered to a child, and informs the child's parents and/or carers on the same day, or as soon as reasonably practicable. Please see UCS Pre-Prep Administering Medicines Policy.

A record of administration must be completed and signed each time a prescribed medicine is given to a pupil. Form 2 "Record of Administration of Medicine" should be used for this purpose and filed in the pupil's medical notes.

### **Non-prescribed Medication**

Medication may occasionally be requested that has not been prescribed i.e. painkillers (paracetamol, ibuprofen) or antihistamine (Piriton), loratidine (Clarityn), cetirizine (Zirtek), sodium cromoglycate (Opticrom) eye drops, Magnesium Trisillicate, hydrocortisone 1% cream and lidocaine hydrochloride oral gel (Iglu).

The Foundation has protocols for the administration of each of these medicines by Nursing Staff. **No other non-prescribed medications should be administered.** Parents are asked to give their consent to the occasional administration of these medicines on the Health Questionnaire that is completed at their child's entry to the Foundation. This consent should be checked before any medication is given.

## **Record Keeping**

If a non-prescribed medicine needs to be given, this will be documented on Patient Tracker. As will an assessment of the pupil's condition and why they require the medication. For JB students and Lower years of SS the parent will be notified by email, for the older years this will be at the discretion of the Senior School Nurse. Written documentation is kept for all children in the Pre-Prep and parents of Pre-Prep children will be notified by email or telephone.

## **Storage of Medication**

All medicines are kept in a locked Medicine Cabinet in the school medical room on the appropriate site. Some medicines need to be refrigerated and should only be kept in the fridge in the medical room.

## **Disposal of Medication**

Unused or expired medication should be returned to the parents. Needles will be disposed of in a Sharps box kept in the medical room. Expired stock medication i.e. painkillers/antihistamine should be returned to a pharmacy for safe disposal.

## **Training**

Staff should not be expected to give medication without the appropriate training. The School Doctor will provide support for UCS Nursing staff and designated First Aiders. It may occasionally be necessary to get specialist training if a pupil has been prescribed medication by a hospital consultant that needs to be given in school such as Diabetic Pumps.

## **Legal Responsibility**

Foundation staff will follow the Medicine Management Plans. The Foundation, as the employer, will have Public Liability Insurance to protect staff in the event of any claim of clinical negligence. Nurses should also follow their own Code of Professional conduct and are advised to have membership of a professional organisation e.g. Royal College of Nursing.

## **Infection Control**

If your child is infectious please do not send them into school. If you are unsure, please contact the School Nurse for advice or refer to the guidelines in the link below.

**As advised by Public Health England, your child must remain at home for at least 48 hours after any episode of diarrhoea and vomiting.**

Please inform the school nurse immediately if your child contracts chickenpox, shingles, measles or any other serious illness that could cause problems for those who are pregnant or have reduced immunity.

The Foundation follow the instruction and guidelines set out by Public Health, England in conjunction with the North East and North Central London Health Protection Unit.

The following link provides guidance by the North East and North Central London Health Protection Unit:

[http://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

## **Immunisations**

It is important that pupils are up-to-date with their immunisations. A full list of immunisations previously given to your child can be obtained from your GP.

We suggest all pupils are vaccinated against diphtheria, tetanus & polio (DTP), Measles, Mumps & Rubella (MMR) along with any other age specific immunisations. It can sometimes be difficult to establish whether or not your child has had the vaccination. You may be able to find out from his/her GP records or by contacting the nurse at his previous school. If uncertain, it is preferable to repeat the vaccination than to miss it. The vaccine can be obtained from your GP as can travel and other immunisations. Female pupils should have received the HPV immunization before starting at the Foundation.

For immunisation guidelines refer to the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741543/Complete\\_immunisation\\_schedule\\_sept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741543/Complete_immunisation_schedule_sept2018.pdf)

Immunisation against TB (BCG) is no longer routinely available. Please discuss with your GP if you consider that your child may be at a particular risk of developing TB (e.g. if he has travelled widely in high risk countries).

All pupils in Year 10 (Remove) will be offered diphtheria, tetanus & polio booster (DTP) immunisations and MenACWY. Written parental consent will be requested beforehand. A team from the Central and North West London NHS Foundation Trust visits the school once a year to administer the immunizations.



For additional information on Management of Meningitis refer to the Management of Meningitis – (Appendix 7).

### **Head Lice**

From time to time pupils will be infected by head lice and/or nits. As a school we do not routinely conduct head searches of our pupils but we do ask that you inform the School Nurse if you discover lice/nits in your child's hair. For some helpful treatment advice refer to: <http://www.chc.org/>

## Appendix 1

### Important Guidelines following a HEAD INJURY

Most knocks to the head do not cause serious injury or lead to complications. However, complications **may** develop over the next 24- 48 hours and it is important that a responsible adult observes your child carefully. He/she may complain of headache for which he/she can be given paracetamol.

Your child should NOT for the next 24 - 48 hours take any medication containing sedatives, e.g. antihistamines, certain cough remedies or take part in vigorous exercise.

Should he/she complain of, or develop, any of the following he/she should **IMMEDIATELY** seek medical attention at your nearest Accident & Emergency Department.

- **Unusual drowsiness**
- **Vomiting**
- **Blurred or double vision**
- **Clumsiness or disorientation**
- **Increasing headache**
- **Abnormal weakness or twitching of limbs**
- **Unable to wake him/her up or loss of consciousness**

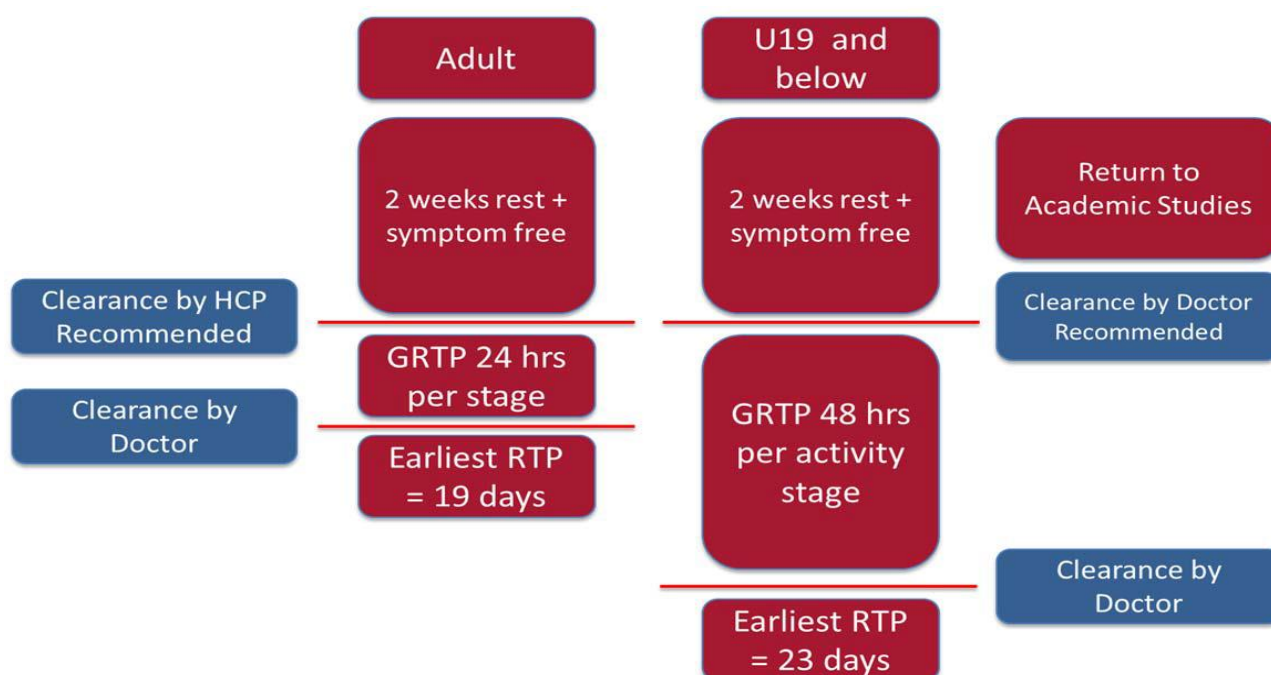
If a diagnosis of concussion is made, you must inform the school and any out of school clubs. Your child should not play sport for 23 days and must be medically cleared before resuming sport. Please provide the school with the written clearance.

## Appendix 2

### Important Guidelines for CONCUSSION following a HEAD INJURY

Most knocks to the head do not cause serious injury or lead to complications. However, if a diagnosis of concussion has been made we need to take this extremely seriously to safeguard the short and long term health & welfare of the student's.

The RTP (Return to Play) guidelines for all sports at UCS we are following the RFU guidelines set out below.



For further guidelines such as the GRTP (Graduated Return to Play) and information please refer to the Head Injuries & Concussion guidelines on Firefly or speak to the School Nurse.

## Appendix 3

### Management Guidelines for Anaphylaxis

Anaphylaxis is a severe allergic reaction, which is life threatening, usually occurring within minutes of exposure to nuts, insect bites or drugs. Children with known severe reactions should have an Individual Treatment Plan. UCS students' Emergency Kit which includes an Individual Treatment Plan, two AAI's, antihistamine and a Salbutamol inhaler must be accessible at all times, (kept in blue bag supplied by School Nurse). All students must have this on them when they go offsite including school trips and offsite games. JB students are required to also carry an AAI in their zipped blazer pocket.

An emergency stock supply is kept in the Preprep School Office, the JB School Office, the SS Common Room, Refectory, SS Medical Room, the Bursary and the Fields First Aid Room

#### **Symptoms (don't wait for all symptoms on the list to occur before acting)**

- Swelling of lips, tongue and throat
- Difficulty in swallowing or speaking
- Wheeze or difficulty in breathing (tight chest)
- Hives or itching on the body
- Dizziness or feeling faint
- Unconsciousness and collapsed
- Abdominal cramps, nausea and vomiting

#### **Management (for children with own AAI's)**

- **Dial 999 or 112 stating a child has anaphylaxis** -- follow UCS Contacting Emergency Services Guidelines
- Keep calm and reassure the child; never leave the child alone
- Call for School Nurse. Collect Emergency Anaphylaxis Kit from appropriate place (see above )
- **Allow the child to self-administer** adrenaline the AAI if able to do so or alternatively this can be done by a **School Nurse** or **First Aider**
- Give Piriton syrup/salbutamol inhalers as indicated by the child's treatment plan
- Contact parents

**Administration of the AAI - EpiPen** – Follow instructions written on device. Hold injector into leg for 3 seconds.

**Administration of the AAI – Emerade** - Follow instruction written on device. Hold injector into leg for 5 seconds.

**Administration of the AAI – Jext** - Follow instructions written on device. Hold injector into the leg for 10 seconds.

**N.B.** Ensure child attends hospital by ambulance for a review even if recovered.

**Management of New Cases of Anaphylaxis  
(for the child not known to have severe allergies)**

As above, but the School Nurse or trained First Aider should make the decision whether or not to administer an AAI from stock.

**Dosage of AAI (stock) for pupil without own AAI** as per British National Formulary Guidelines August 2018.

**Senior Senior/Junior Branch**

**Pre-Prep (Year Two)** Dose for children over 6 years administer AAI – 300mcg

**Pre Prep** Dose for children under 6 years administer AAI – 150mcg

## Appendix 4

### Management Guidelines for Asthma Attack

1. Call School Nurse or First Aider if nurse not available.
2. Ensure that the reliever inhaler is used immediately, this is usually blue and opens up the narrowed air passages. Child should carry one in his blazer pocket. If not – use spare in Medical Room. Ensure child takes 2 puffs.  
Use the inhaler plus “spacer device” from medical room if child is unable to use inhaler correctly – 1 puff of Salbutamol in spacer and child breathes in 5 times, repeat once again.
3. Stay calm and reassure the child. DO NOT leave the child alone. Attacks can be frightening, so stay calm. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child’s shoulder as this is restrictive.
4. Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

### After the attack

Minor attacks should not interrupt a pupil’s involvement in school. As soon as they feel better they can return to normal school activities. Continue to monitor their condition. The child’s parents must be informed about the attack.

### Emergency situation

**Call an ambulance (dial 999 or 112) urgently following UCS Guidelines for Contacting Emergency Services if:**

- the reliever has no effect after five to ten minutes, or
- the child is either distressed or unable to talk, or
- the child is getting exhausted, or
- you have any doubts at all about the child’s condition.

**Continue to give reliever medication every few minutes until help arrives or the child’s condition improves.**

Use the inhaler plus “spacer device” from medical room if child is unable to use inhaler correctly.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child’s condition may deteriorate very quickly.

Make sure child’s parents have been informed.

*Complete a Treatment Record Form (in First Aid Boxes or Medical Room)*

## Appendix 5

### Management Guidelines of Diabetes

Diabetes is a condition caused by a lack of or insensitivity to insulin resulting in an inability to control the use and storage of glucose – blood sugar levels therefore rise if untreated.

- **Type 1 diabetes** results in an absolute deficiency of insulin, usually starts below the age of 30 and is treated with insulin.
- **Type 2 diabetes** is due to a relative deficiency or insensitivity to insulin and is more commonly diagnosed over the age of 40.

Known diabetics should have an individual treatment plan which should be referred to. Children with diabetes face two problems; **hypoglycaemia** and **hyperglycaemia**.

**Hypoglycaemia** (low blood glucose level, below 4mmol/L due to too much insulin, too little food or too much exercise)

**Symptoms** (not necessarily this order)

- Irritability
- Restlessness
- Paleness
- Hunger
- Sweating
- Faintness
- Headache
- Cold and clammy
- Tiredness
- Pounding of heart
- Blurred vision
- Lack of concentration
- Confusion/inattention
- Not able to awaken

### Management

Call for School Nurse immediately the hypoglycaemic attack is suspected.

Give sugary drink or 2-4 glucose tablets immediately only if the child is conscious and able to swallow.

First aider can give Glucogel.

Follow this by biscuits or a sandwich.

If unconscious alert school nurse to administer glucagon.

Dial 999 or 112 for an ambulance immediately if unconscious, if any concerns about the patient's condition, such as failure to improve, or if the school nurse is absent.

Follow UCS Guidelines for Contacting Emergency Services.

**Hyperglycaemia** (high blood glucose levels due to too little or no insulin, or too much food)

**Symptoms**

- Increased thirst
- Frequent urination
- Drowsiness and lethargy
- Loss of appetite
- Weakness
- Abdominal pains
- Generalised aches
- Heavy, laboured breathing
- Stupor, unconsciousness

**Management**

- Advise pupil to do more frequent testing of blood
- Refer to School Nurse to test urine for ketones If positive contact parent and advise they speak to their GP or diabetic nurse
- Give water without sugar if able to swallow
- Dial 999 or 112 for ambulance if no improvement –follow UCS guidelines for Contacting Emergency Services



## Appendix 6

### **Management Guidelines of Epilepsy**

An epileptic seizure is caused by a brief disruption of brain function involving abnormal electrical activity in the nerve cell. This can occur in childhood. Known epileptics should have an individual care plan and if severe may also have emergency treatment kept on site.

#### **Symptoms**

- Vacant expression
- Uncontrollable shaking/twitching of the limbs lasting up to a few minutes
- Rigidity of the arms and legs
- Frequent falls or dropping things
- Possible unconsciousness
- They may have been incontinent of urine
- Confused after a fit

#### **Management**

- Call for school nurse
- Do not restrain or move unless there is danger from any obvious hazard
- Loosen ties or shirt collars
- Cushion head if possible
- Do not put any hard object into the mouth or try to hold the tongue
- Place in recovery position when not in muscle spasm
- Reassure as consciousness returns
- Call 999 or 112 for an ambulance following UCS Guidelines for Contacting Emergency Services if it is the first fit in an unknown epileptic or if there are multiple seizures, or if one lasts longer than 5 minutes in a known epileptic.
- In a known epileptic administer rectal diazepam as indicated in the Individuals' care plan
- Do not try to give liquids during or just after a seizure

## **Appendix 7**

### **Meningitis Case Management Plan**

#### **Aims**

- To work closely with the Health Protection Agency (HPA) to identify the number of contacts requiring prophylactic antibiotics
- To ensure that the Foundation acts promptly to inform all pupils, parents and staff about the outbreak and issues clear and accurate information about further action required

#### **Protocol**

1. The Foundation will work closely with the HPA who will issue guidance during an outbreak of meningitis. Their latest meningitis protocol will be kept in the Medical Rooms and Bursary with other infectious disease protocols as a source of reference
2. If any member of staff is informed about a case of meningitis the School Nurse should be informed immediately with details of the person involved and where they are being treated. The Headmaster and School Doctor should also be notified
3. The School Nurse will notify the North Central London Local Health Protection team on 020 7811 7100 regarding the case. The team can be contacted out of hours by pager on 07623 541417. You should leave your name, number and a brief message.
4. The Health Protection team will issue the appropriate advice regarding any further action which needs to be taken and this should be reported back immediately to the School Doctor and the Headmaster (this will include advice re any letter that needs to be sent to parents)
5. The School Office will contact all absentee pupil's parents to inform them of the case.
6. The School Nurse will work closely with the HPA to provide them with a list of possible contacts, and if possible details of their GPs which will be useful if the Agency need to fax requests for prophylaxis and vaccination.

7. The School Nurse will be available during school hours to offer advice to pupils, parents and staff as required. She will liaise with the Health Protection team regarding a statement to be given out on the phone.
  
8. The school encourages meningitis vaccination. Immunisation records are checked with a parent at the screening medical on entry to the Junior Branch. At the Senior School the parents of any child who has not been vaccinated will be written to reminding them to arrange for the immunisation with their GP

## Appendix 8

### Parental Agreement for School Staff to Administer Medicine



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

School \_\_\_\_\_ JB or SS (circle)  
Students name and Form \_\_\_\_\_  
Reason for prescription \_\_\_\_\_  
Name/strength of medicine \_\_\_\_\_  
Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_  
What dosage has been prescribed and frequency? \_\_\_\_\_  
Does the medication need to be kept in the fridge? YES/NO

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

Daytime telephone no. of parent /guardian \_\_\_\_\_  
Name and telephone no. of GP or  
doctor prescribing medicine \_\_\_\_\_  
Agreed review date to be initiated by school nurse \_\_\_\_\_

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

I accept that this is a service that the school is not obliged to undertake. It is my child's responsibility to report to the appropriate person to receive the medication at the appropriate time.

Parent/Guardian signature \_\_\_\_\_

Print name \_\_\_\_\_ Date ...../...../.....

***A separate form should be completed for each medicine.***

## Request for pupil to carry his/her own emergency medicine



This form must be completed by parents/guardian

<b>Pupil's name</b>	
<b>Junior Branch/Senior School</b>	
<b>Form / Year</b>	
<b>DOB</b>	

<b>Medical condition for which medication is required</b>	
<b>Name of Medicine</b>	
<b>Expiry date of medicine held</b>	
<b>Frequency and dose required</b>	

<b>Name of parent/guardian</b>	
<b>Contact address</b>	
<b>Daytime phone no.</b>	
<b>Email address</b>	
<b>Relationship to child</b>	

I would like \_\_\_\_\_ to keep his/her emergency medicine on him/her for use as prescribed.

I will ensure the medication is clearly labelled with name/form. I take responsibility to check the medication is in date and will replace before the expiry date is reached.

I agree: to inform the school office/school nurse immediately if my son/daughter loses his/her medication and that the medication will be kept secure and never shared with other pupils.

Signed (parent) \_\_\_\_\_ (pupil) \_\_\_\_\_

Date \_\_\_\_\_ Review date \_\_\_\_\_

