



KEREM SCHOOL (Including Kerem Early Years Unit)

Administration of Medicines Policy

Pupils admitted to the school with diagnosed medical conditions and a corresponding medical treatment plan will require their needs to be properly managed so they have full access to the school environment. This will be achieved through the creation of an Individual Health Plan (“IHP”) which will contain full details of the medical condition and agreed action plan in the event that the condition presents itself during the time the pupil is in the school environment. The school’s policy has been created in accordance with guidelines issued by the Department of Health & Department of Education and Skills.

In the event that a child develops a condition, parents must fully disclose this to the Welfare Officer (at the main school), or to the Early Years Co-ordinator (at the EYU), as soon as it is diagnosed so that an IHP can be created. This form is available in the office (Form 4) and on the website.

The IHP will be created by the Welfare Officer in conjunction with parents and relevant healthcare professionals. Sample forms are available on request. It will explain daily care requirements including any timings, what constitutes an emergency for the pupil and the action to be taken if this occurs, actions not to be taken if this occurs, follow-up care and relevant contact details. Parents are responsible for informing the Welfare Officer of any changes so that the IHP can be amended. An agreement will need to be signed by the parent(s) and The Head in relation to the administration of medicines in accordance with the IHP. All members of staff will be made aware at staff meetings and through the class profile sheet of the condition and the IHP. Laminated copies of the IHP will be displayed in the school office, dining room and the pupil’s classroom and a copy will be placed in the pupil’s medical container if they have one.

Staff will be trained (and be provided with updated training on a regular basis) to support children with medical needs. Many of the teaching staff and support staff will be available to administer, for example, an EpiPen and will maintain up-to-date certification by a duly qualified healthcare professional to do so. (A list is kept in the school office). The school will endeavour to provide suitably qualified staff who will accompany pupils during swimming and school trips. In the event that no staff are available, parents of the relevant pupil(s) will be required to be present. External sports professionals will be informed of the medical condition.

In the event that medicine needs to be administered to a child during the school day (for example Antibiotics), the appropriate form needs to be filled out and delivered to the Head/EYU Co-ordinator together with medicine. Unless this form has been completed and signed, no medicine will be administered. Medicines must be in their original container as dispensed by the pharmacist and include the prescriber’s instructions. The Head/EYU Co-ordinator (or member of staff deputed) will complete an agreement to administer the medicine and return it to the parents. A written record will be kept of all medicines administered to children. If the pupil is to administer his/her own medicine (for example Asthma inhaler), a request form must be completed and returned to The Head/EYU Co-ordinator. All forms are available on the school website at www.kerem.org.uk in the ‘download policies and forms’ section. At the EYU medicines will be stored in the upstairs kitchen and if necessary in the fridge. Staff who administer the medication will complete the records in the Medicine Book and ensure it is countersigned as appropriate.

EpiPens (and any other associated emergency medicine) will be kept in the school office in a distinctive labelled container. If the container accompanies the pupil from outside of the school the relevant class teacher will ensure that it is returned. All pupils who use an asthma inhaler should have one on them at all times and parents should provide another asthma inhaler which will be kept in the school office. Parents are responsible for refreshing such medication to ensure that they are within their expiry dates. All other medication will be stored in the school office. Medical issues will be included on risk assessment forms for outings.

In order to enable pupils to participate in all learning activities, occasions when food is offered in the school will be carefully managed. All pupils will be made aware of other pupils’ food allergies. Parents are responsible for ensuring that there are permissible kosher snacks for Shabbat parties, class birthday parties and other class occasions. No nut products are allowed in school.



KEREM SCHOOL

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. In the case of liquid medicine a measured spoon must be provided with the medicine. If more than one medicine is to be given a separate form should be completed for each one.

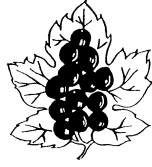
Date	
Child's name	
Year	
Name of medicine	
Expiry Date	
When to be given	
Any other instructions	
Number of tablets/spoons per dose	
Daytime phone no of parent or adult	
Name and phone number of GP	
Agreed review date by Head	

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 Administration of Medicine 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.

Parent's signature _____

Print name _____

Date _____



KEREM SCHOOL

Welfare Officer agreement to administer medicine

It is agreed that [name of child] _____ will
receive [quantity and name of medicine]

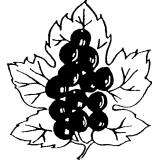
_____ every day at [time medicine to be administered, e.g. lunchtime or afternoon break]

[Name of child] _____ will be given their
medication by the welfare officer

This arrangement will continue until [either end date of course of medicine or until
instructed by parents]

Date _____

Signed _____ (Welfare Officer)



KEREM SCHOOL

Request for pupil to carry his/her own medicine at Kerem School

This form must be completed and signed by the parent. If more than one medicine is to be given, a separate form should be completed for each one.

If staff have any concerns, this request will be discussed with relevant healthcare professionals

Child's name	
Year	
Address	
Name of medicine	
Procedures to be followed in an emergency	

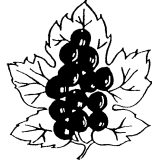
Contact Information

Name	
Daytime phone number	
Relationship to pupil	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Signed _____

Date: _____



KEREM SCHOOL

Sample Individual Health Care Plan

Pupil's name	
Year	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review Date	

PICTURE OF PUPIL

Family Contact Information

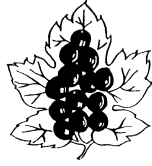
Name (mother)	Name (father)
Phone number (work)	Phone number (work)
(home)	(home)
(mobile)	(mobile)

Medical Contact Details

Clinic/Hospital Name	
Phone number	
G.P Name	
Phone number	

Foods allergic to

Description of symptoms and treatment plan



KEREM SCHOOL

Parental agreement for school to administer medicine in respect of a reaction to food allergy

The school will not give your child medicine unless you complete and sign this form. In the case of liquid medicine a measured spoon must be provided with the medicine. All medicines must be provided in their original containers.

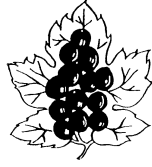
I give consent to the medicines described below being administered to my child in accordance with the attached Individual Health plan (IHP). I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the IHP changes.

Date	
Child's name	
Year	
Name of medicines	
Expiry Dates	
Agreed review date by Head Teacher	

Parent's signature _____

Print name _____

Date _____



KEREM SCHOOL

Welfare Officer's agreement to administer medicine in accordance with IHP

It is agreed that [name of child] _____ will be
administered medicine in accordance with the IHP provided by
_____ [name of parent].

This arrangement will be reviewed on the review date below.

Date _____

Signed _____ (Welfare Officer)

Review Date _____



KEREM SCHOOL

Staff training record – administration of medicines

Name	
Type of training received	
Date training completed	
Training provided by	
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 training is updated [please state how often]

Trainer's signature _____

Date _____

I confirm that I have received the training above

Staff signature _____

Date _____

Suggested review date _____