



KEREM SCHOOL

Administration of Medicines Policy

Pupils admitted to the school with identified 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 Mrs Goulden as soon as it is diagnosed so that an IHP can be created.

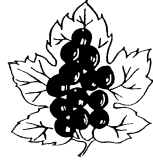
The IHP will be created by Mrs Goulden in conjunction with parents and relevant healthcare professionals. Sample forms are available on request. It will explain daily care requirements and their timing, what constitutes an emergency for the pupil and the action to be taken if this occurs, actions not to be taken if this occurs, follow-up care and relevant contact details. Parents are responsible for informing Mrs Goulden of any changes so that the IHP can be amended. An agreement will need to be signed by the parent(s) and Mrs Goulden 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 update training on a regular basis) to support children with medical needs. Mrs Goulden, Mr Sweetland and Mrs Elliot together with the majority of the teaching staff will be available to administer the Epipen and will maintain up to date certification by a duly qualified healthcare professional to do so. 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.

In the event that medicine needs to be administered to a child during the school day (for example Antibiotics), the attached form (Form 1) needs to be filled out and delivered to Mrs Goulden 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. Mrs Goulden will complete an agreement to administer the medicine and return it to the parents (see attached Form 2). 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 Mrs Goulden (see attached Form 3).

Epipens (and any other associated emergency medicine) will be kept in the school office in a distinctively marked and named 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.

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.



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 Mrs Goulden	

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 medical 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

Head Teacher 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, eg lunchtime or afternoon break] _____

[Name of child] _____ will be given their
medication by Mrs Elliot

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

Date _____

Signed _____ (Mrs Goulden)



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 taken 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

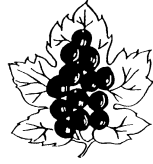
Name (mother)	Name (father)
Phone number (work)	Phone number (work)
(home)	(home)
(mobile)	(mobile)

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.

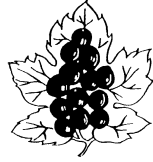
I give consent to the medicines described below being administered to my child in accordance with the attached Individual Health plan (IHP). I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the IHP changes.

Date	
Child's name	
Year	
Name of medicines	
Expiry Dates	
Agreed review date by Mrs Goulden	

Parent's signature _____

Print name _____

Date _____



KEREM SCHOOL

Head Teacher 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 _____ (Mrs R Goulden)

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 _____