



## Medicines and Medical Policy

Tees Valley Education Trust

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## TABLE OF CONTENTS

1	RATIONALE.....	3
2	AIMS.....	3
3	TYPES OF MEDICATION .....	3
4	ADMINISTERING & TAKING MEDICATION.....	3
5	STORING & DISPOSAL OF MEDICINES.....	5
6	CHILDREN WITH ASTHMA.....	6
7	CHILDREN WITH DIABETES .....	7
8	CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT.....	7
9	INDIVIDUAL HEALTHCARE PLANS .....	8
10	ADMINISTRATION.....	10
11	UNACCEPTABLE PRACTICE (INCLUDING STAFF MEDICINE).....	10
12	FORM AM1 - REQUEST FOR ACADEMY TO ADMINISTER MEDICATION .....	12
13	FORM AM2 –AGREEMENT TO ADMINISTER MEDICATION .....	14
14	FORM AM3 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD .....	15
15	FORM AM4 RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN .....	17
16	FORM AM5 - MEDICAL TRAINING FOR STAFF .....	18
17	FORM AM6 - NOTIFYING PARENTS OF THE USE OF INHALERS IN THE ACADEMY .....	19
18	FORM AM7 - NOTIFYING PARENTS OF THE EMERGENCY ADMINISTRATION OF MEDICINE.....	20
19	FORM AM8 -INDIVIDUAL HEALTH CARE PLAN .....	21
20	FORM AM9 – LETTER TO PARENT RE REMOVAL OF INHALER.....	23

## 1 RATIONALE

Children with medical needs have the same rights of admission and attendance to an educational setting as other children. Most children will, at some time, have short-term medical needs, perhaps entailing finishing a course of medicine, such as antibiotics. Some children, however, have longer term medical needs that may be more complex in nature, and may require medicines on a long-term basis to keep them healthy; for example children with cerebral palsy, well-controlled epilepsy or ADHD. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection or those with a type of epilepsy that requires emergency rescue medication. Children with severe asthma may have a need for daily inhalers and additional doses prior to, during or after an attack.

This statutory policy should also be read in conjunction with the TVED Supporting Children with Medical Needs and Life Threatening Illness policy.

## 2 AIMS

The aim of this policy is to clarify the academy's and parents' responsibilities in relation to medicines in the academy. It also clarifies the role of children of a certain age and cognitive ability can play in the management and administration of their medication, as part of their preparation to adulthood and greater independence.

## 3 TYPES OF MEDICATION

Medication must always be stored securely and out of reach of children, preferably in a locked cupboard in the office, classroom, care room or other area as appropriate (see 7. Storing Medicines).

- Short term – e.g. paracetamol (i.e. Calpol), antibiotics / hay fever relief (only to be held in academy if child needs 4 or more doses a day)
- Long term – e.g. ADHD medication, inhaler
- Emergency – e.g. Auto-injector such as Epi-pen, Piriton, Buccal Midazolam for epilepsy.

Staff must not be under the influence of alcohol or any other substance, including medication, which may affect their ability to care for children. Staff medication should also be stored securely and never left easily accessible to children.

## 4 ADMINISTERING & TAKING MEDICATION

Academy staff will only assist in the administration of a child's medication if it is required **4 or more times** during a 24hour period. Anything less than this, then it is reasonable and practicable for a parent to manage the administration of this before and after the school day. The only exception to this is where specific times are stipulated for the medication to be taken, and those times fall within the academy day, and whilst on extended visits or residential.

If a parent wishes a child to take a prescribed medicine during the time their child will be in the academy they should:

- Arrange with the academy office or Head Teacher/HoA/Deputy Headteacher to come into the academy to administer the medicine themselves if they so wish.

OR

- Fully completing all sections of the academy Medicine Form requesting permission of the HT/HoA or his / her nominee to administer the medicine.
- Deliver the medicine together with the form to the academy office where it will be kept securely. It also needs collecting by the adult (never allow the child to transport their own medication).
- Permission should never be taken over the telephone or retrospectively, after medication has been given.
- The Headteacher/HoA/ Deputy Head may have made the decision that parents/carers can administer non- prescribed medicines to their own children.

If the Headteacher/HoA/ Deputy Head agrees to the administration of medicine, then the relevant medicines form will be completed and a copy given to parents confirming the details of the arrangement.

Any prescribed medicines brought into the academy for trained staff to administer should:

- Be in date and in the original container / packaging, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident, (labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist) together with a clean medicine spoon or measuring cup and be clearly labelled with: Contents i.e. name and type of medicine
  - a. Child's name
  - b. Date
  - c. Dosage (variations in dosage cannot be made on parental instruction alone)
  - d. Prescribing doctor's name
  - e. Never be ground-up, split open or chewed
  - f. If medicine has an expiry date once opened, e.g 28 days, parent or staff should write the date the medicine was first opened and the date it expires on the bottle.

If medication states 'as directed', 'as required' or 'no more than 4 times a day' etc., it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.

Clear records of medication brought into and administered in the academy for individual children are maintained. The academy will keep a daily record of all medicines administered by them. This is kept in the academy office. Only one child at a time should be in the room for medication.

Note:

- If a child refuses to take the medication, academy staff will not force them to do so. In this event staff will follow the procedure agreed in the individual healthcare plan and parents will be contacted immediately. If necessary the academy will undertake a dynamic risk assessment and call emergency services to seek advice, if the situation is thought to be life threatening.
- If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this. This will particularly apply to children in KS4 and are cognitively able to do so, as part of their journey to independence.

- Topical lotions and creams e.g. emollients and sunscreen may be brought into academy for application by the child with the permission of the Head teacher. Academy staff are not permitted to apply any lotions or sprays to children.
- Cough sweets / throat lozenges etc. are not medicines and are not allowed in the academy.
- Any misuse of medication should always be reported to the relevant health or social care agency i.e. if a child brings in and gives out 'Grandma's' medication.
- Ofsted and local safeguarding agencies must be notified without delay of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.

## **5 STORING AND DISPOSAL OF MEDICINES**

The Head teacher is responsible for making sure that medicines are stored and disposed of safely but may discharge these duties to a member of staff with responsibility for this as part of a wider role.

- Large volumes of medicines should not be stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored strictly in accordance with product instructions, (paying particular note to temperature and open date / used by date) and in the original container in which dispensed.
- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- Where a child needs two or more prescribed medicines, each should be in a separate container, and a separate set of forms completed for each one.
- Staff should never transfer or decant medicines from their original containers.
- Children should know where their own medicines are stored, and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Each classroom will have an accessible, clearly labelled, sealed box or bum-bag in which to store these emergency medicines.
- Other non-emergency medicines should be kept in a secure cabinet in the office or in a locked fridge where they are not accessible to children. The keys for which will be held by office staff.
- Certain medicines need to be refrigerated. They should be kept in a locked refrigerator containing no food etc. to prevent cross-contamination.
- In the event of educational visits, medicines should be stored in a lockable bag or box and kept under the supervision of an adult. A thermal bag containing a freeze-block should be used to store temperature sensitive medications whilst on educational visits. The special medical requirements of children should always be noted by the educational visit co-ordinator clearly on the event risk assessment, and shared with those staff taking part in the visit. It should never be assumed that staff are aware of children's individual medical needs.
- When no longer required, medicines should be returned (not by the child) to the parent to arrange for safe disposal, never to be disposed of by academy staff.

- Any sharps instruments required in the administration of medical procedures should be disposed of in a medical sharps container, and collected regularly by a registered sanitation company.
- Children who are transported to / from the academy should not carry their own medication on the journey to or from the academy. Parents of transported children are responsible for delivering and collecting medicines to/from the academy, or should seek permission to make their own arrangements with the LA transport team, by contacting the LA Integrated Transport Unit.
- LA transport teams are responsible for producing their own transport health care plan for any child they transport who requires emergency medical treatment, and this should be completed by agreement with the parent/carers.

## **6 CHILDREN WITH ASTHMA**

Children with asthma need to have immediate access to their reliever inhalers (and spacers) when they need them.

The Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools/academies to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Each academy should purchase inhalers and Aero Chambers (also known as a spacer device) to be used in emergency. It is always advisable for children to use the aero chambers, regardless of age, as this ensures correct delivery of the salbutamol into the body. The whole aero chamber must be disinfected after each use.

Academy inhalers and Epi-Pen's should be kept in strategic locations in the academy and their whereabouts should be made known to staff and labelled clearly.

Inhaler devices usually deliver asthma medicines. An aero chamber is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Inhalers should always be readily available during physical education, sports activities and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the academy or setting. This may be a different colour to a standard inhaler as it has a specific purpose – this should be clearly noted on the child's IHCP.

All pupils with an inhaler will have individual health-care plan drawn up by the academy in conjunction with parents and supported by the Health Service, which must be adhered to.

Staff are alerted to pupils with severe conditions with pupils' photographs, together with an outline on medical protocols. The academy will also keep an up to date Asthma register, updated termly, visibly displayed in the staff room and preferably stored close to the academy supply of emergency inhalers.

As with other medicine, a record should be kept each time the inhaler is used and parents informed using the academy notification to parents form.

## **7 CHILDREN WITH DIABETES**

Diabetes is a life-long condition in which the amount of glucose (sugar) in the blood is too high because the body's way of converting glucose into energy is not working as it should. Children with diabetes usually require a high level of supervision throughout the day, and extra care needs to be taken in relation to their food intake, exercise and emotional state i.e. stress levels. Every child with diabetes is different and their care requirements should be detailed very clearly in the Individual Health Care Plan and updated when advised by their healthcare practitioner.

Staff will receive training from the Nurse attached to the Diabetes Team on the management of diabetes and how to respond in an emergency. Children with diabetes are likely to require adults to help them in the following areas:

- Taking insulin during the time they are in the academy.
- Help with taking blood tests – recording each time they have taken a test and knowing what blood levels are considered 'normal' or a 'cause for concern'.
- Access to extra snacks/drinks before, during and after PE. If so, the care plan should clearly state what the child needs and when. Snacks/drinks should be stored in the child's class and taken on educational visits. NOTE: Parents are responsible for providing the academy with snacks/drinks.
- Recognising the signs of a hypo and hyper episode and know how to respond.
- Monitoring their well-being during and after meal times – food choices, especially carb counting, are an important part of diabetes management.
- Provisions which allow the child to have their injections in a quiet, private place. This should be identified on the Care Plan.
- Monitoring their well-being during physical activity. Physical activity increases the amount of glucose used by the muscles for energy, so it may sometimes lower blood glucose levels.

For more complex diabetes, some children have their condition managed through the continual use of an insulin pump or cannula. Academy protocol should be followed in respect to wound care, infection control and the safe management and disposal of medical equipment and sharps.

## **8 CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT**

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person i.e. Epi Pen, there should always be a spare set kept safely which is not locked away and is accessible to all staff.

It is good practice for each child who requires an Epi Pen, for two to be stored in the academy, in the event that a second injection is required 5 minutes after the first injection, or, in the event the first injection is not successfully discharged (emergency services will advise on this).

It is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

All pupils will have individual health-care plans drawn up by parents, healthcare practitioners and the academy, which must be adhered to.

Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols in the file in the Main Office for reference.

As with other medicine, a record should be kept each time emergency medication is used and parents informed by telephone and followed up in writing.

Routine whole academy administration of medicine training is rolled out to all staff and written confirmation of competency is provided upon completion of the course. New staff are informed as part of their induction.

Medical reviews are carried out at the beginning of each academic year. Parents are asked to confirm medical conditions and whether medication is required in the academy. Care plans are also reviewed and updated at this time but can also be updated at any time during the year.

## **9 INDIVIDUAL HEALTHCARE PLANS (IHCP)**

Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively, communication is essential as it gives clarity about key information and actions that are required to support the child effectively, and by whom.

- Individual Health Care Plans should be written for every child who has medication in the academy (except for short term medication e.g antibiotics).
- Individual Health Care Plans will be accessible to all who need to refer to them, while preserving confidentiality.
- Individual Health Care Plans should be drawn up in partnership between the academy, parents, and a relevant healthcare professional where necessary. This may include presentation of documentation related to the child's condition, and should indicate which professionals are involved.
- The Board should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where the pupil has a special educational need identified in a EHC plan, the individual healthcare plan may be linked to or becomes part of the EHC plan.
- Where a pupil is returning to the academy following a period of hospital education or alternative provision, the academy will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively, and those professionals involved with overseeing the child's healthcare.
- The Headteacher or Deputy Headteacher should ensure all supply teachers providing temporary cover are made aware of the children's medical needs with whom they will be educating and



direct them to all relevant care plans and other essential policy documents that apply, before they commence teaching the class or group. This also applies to volunteers who may be working with individual children or groups.

The format of Individual Health Care Plans may vary for the specific needs of each pupil. However, the following information should be considered:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, managing the condition, medication and other treatments.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed.
- Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable?
- Who in the academy needs to be aware of the child's condition and support required, and is there consent to inform others?
- Arrangements for written permission from parents and the EHT/Headteacher/Deputy Head for medication to be administered and the signed consent form is to be attached to the Healthcare Plan.
- Separate arrangements or procedures required for academy trips or other activities outside of the normal timetable that will ensure the child can participate e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- Essential facts should be included e.g. name, date of birth, address, current photograph of child's face (not a side profile), names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be involved in that process.
- Any contraindications should also be clearly stated.
- Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

An Individual Healthcare Plan should:

- Give correct factual information.
- Give information that enables staff to correctly interpret changes within the child's condition and action required.
- Be kept where it can be easily accessible and taken with the child on educational visits etc.

- Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs.

The care plan should be broken down into four distinct sections:

1. Identification Details

- Name of child
- Date of birth
- Address
- Academy/setting id (class, year etc.)
- Current photograph (child's face – not a side profile)

2. Medical Details

- Medical condition
- Treatment regime
- Medication prescribed or otherwise
- Side effects/contraindications
- Action to be taken in event of emergency or crisis

3. Contact Details

- Parents/carers
- Alternate family contact (persons nominated by parents/carers)
- Doctor/Paediatrician/Pharmacy
- Any other relevant Health Professional

4. Facilities Required

- Equipment and accommodation
- Staff training/management/administration
- Consent
- Review and update

## 10 ADMINISTRATION OF MEDICATION

Only members of staff who have undertaken certified Administration of Medications training are permitted to administer medication(s) to children. This training can be undertaken as an online module, providing the certification awarded is part of a recognised and accredited body and clearly states staff are competent to administer medication (and **NOT** only have an awareness of how to administer medication). The administration of long-term medications will be logged on a record chart and stored securely with pupil medical information.


## 11 UNACCEPTABLE PRACTICE (INCLUDING STAFF MEDICINE)

The Trust Board should ensure that the academy's policy is explicit about what practice is not acceptable. Although academy staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is **NOT** generally acceptable practice to:

- administer medication without undertaking the certified training

- administer medication without following the correct instructions provided on the pharmacist printed label or, in the case of non-prescribed medication, the manufacturer instructions
- failing to follow protocols as identified within the administration of medication training
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- draw unnecessary attention to a child because of their medical condition or their requirement for medication;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be subject to professional challenge);
- send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments (see Trust Attendance Policy);
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs. An exception to this would be whilst academy staff are awaiting specific medical training from a health practitioner, the parent may be asked to assist to ensure the child can access full-time education within the academy.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including trips, e.g. by requiring parents to accompany the child.
- Staff should never share or distribute their own medication with colleagues (prescription or over the counter medication).
- Generic over the counter pain relief medication (e.g paracetamol, ibuprofen) should never be made freely available to staff i.e in welfare hampers located in staff toilets.

## 12 FORM AM1 - REQUEST FOR ACADEMY TO ADMINISTER MEDICATION

The academy will <b>not</b> give medicine to your child unless you complete and sign this form, and the EHT / Headteacher / Deputy Head has agreed that academy staff can administer the medication.		 <b>TEES VALLEY EDUCATION</b> www.teesvalleyeducation.co.uk	
<b>PUPIL DETAILS</b>			
Surname:		First name(s):	
Address:			
Male/ Female:		Date of birth:	
Condition/ Illness:			
<b>MEDICATION</b>			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
<b>Full directions for use:</b>			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
<b>Supervised self administration permissible:</b>	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			
<p><b>NB If your child refuses to take the prescribed medication, academy staff will not force them to do so. In this event you will be contacted immediately. If necessary the academy will call emergency services.</b></p>			

CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with:</p> <ul style="list-style-type: none"> <li>▪ Contents i.e. name and type of medicine</li> <li>▪ Child's name</li> <li>▪ Date</li> <li>▪ Dosage</li> <li>▪ Prescribing doctor's name</li> </ul> <p>I accept that this is a service which the academy is not obliged to undertake.</p>			
Signature:		Date:	

**13 FORM AM2 –AGREEMENT TO ADMINISTER MEDICATION**



As the EHT / Head teacher / Deputy Head of ..... Primary

Academy:

I agree that \_\_\_\_\_ *(name of child)*

will receive \_\_\_\_\_ *(quantity)*

of \_\_\_\_\_ *(name of medicine)*

every day at \_\_\_\_\_ *(time medicine to be administered)*

I will also ensure that:

\_\_\_\_\_ *(name of child)*

will be given (or supervised whilst he / she takes) their medication by a nominated member of staff

This arrangement will continue until either:

End date of course of medicine is reached

OR

As instructed by parents

NB: it is the parents' / carers' responsibility to ensure that adequate supplies of medicine are brought into the academy to ensure correct dosage is available.

Date:

Signed:

Headteacher

**14 FORM AM3 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

This form should be completed, signed and dated **daily** by members of staff who have responsibility for administering medication to specific pupils as agreed between home and the academy. If the child is absent or does not receive his medication then record 'Did not attend' or 'DNA'. Mistakes should not be crossed out, altered or tippexed etc. The error should be identified with an asterisk (or two asterisks if it is not the first error on the page). Then on the next line write 'ENTERED IN ERROR. SHOULD READ...'

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

Name of Academy	
Surname	
Forename (s)	
Date of Birth	___/___/___ M <input type="checkbox"/> F <input type="checkbox"/>
Class	
Condition or illness	
Name of person who brought in medication	
Date medicine provided	
Name and strength of medicine	
Quantity received	
Expiry date	___/___/___
Quantity returned (if applicable)	
Dose and frequency of medicine	

**Checked by:**

**Staff signature:**

**Parent signature:**

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Any reactions			
Name of member of staff administering medication			
Staff initials of staff who checked administration			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	__ / __ / __	__ / __ / __	__ / __ / __
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			





**16 FORM AM5 - MEDICAL TRAINING FOR STAFF**

**MEDICAL TRAINING FOR STAFF**

Name of Academy	
Name	
Type of training received	
Name(s) of condition	
Medication involved	
Date training completed	
Training provided by	
<p>I confirm that _____ has received the training detailed above and is competent to administer the medication described.</p>	
Trainer's signature	Date
<p>I confirm that I have received the training detailed above</p>	
Trainee's signature	Date
Proposed Retraining Date	
Refresher Training Completed	
Trainer	Date
Trainee	Date

**17 FORM AM6 - NOTIFYING PARENTS OF THE USE OF INHALERS IN THE ACADEMY**



Dear Parent/Carer

This letter is to inform you that.....has had problems with their breathing today.

This happened at.....am/pm

Where .....

Please tick as appropriate	
They used their inhaler independently	
A member of staff helped them to use their asthma inhaler	
They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.	
Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.	

They were given/took ..... Puffs

Staff signature ..... Name.....

**18 FORM AM7 - NOTIFYING PARENTS OF THE EMERGENCY ADMINISTRATION OF MEDICINE**



Date

Dear Parent/Carer

This letter is to inform you that..... was given emergency medicine today in school.

What medicine was given?	
Why was it given? Explain symptoms	
When was the emergency medication administered? Date and Time	
Where did it happen? e.g. lunch hall, field	
Who administered the medication? Name and role	
Quantity administered?	
Was an ambulance called?	

Staff signature .....Name.....

# INDIVIDUAL HEALTH CARE PLAN



**TEES VALLEY**  
**EDUCATION**  
[www.teesvalleyeducation.co.uk](http://www.teesvalleyeducation.co.uk)

Name:		
D.O.B		
Year Group:		
Photograph	Details of Condition	
Parental Responsibility		
Daily Requirements in Academy		
Additional Information / care requirements		
Emergency Procedure	Emergency Contact	

**CARE PLAN DISCUSSED AND AGREED WITH ACADEMY NURSE**

Signed (Nurse)		Date	
Signed (Headteacher)		Date	
Signed (Parent)		Date	

**20 FORM AM9 – LETTER TO PARENT RE REMOVAL OF INHALER**



**TEES VALLEY  
EDUCATION**  
www.teesvalleyeducation.co.uk

Date \_\_\_\_\_

Name of Academy \_\_\_\_\_

I confirm that my child, \_\_\_\_\_, no longer requires an inhaler in the academy.

This replaces the form signed previously stating he/she needed an inhaler in the academy.

Name (Parent/Carer with parental responsibility) \_\_\_\_\_

Signed \_\_\_\_\_

Name (Academy staff) \_\_\_\_\_

Signed (Academy staff) \_\_\_\_\_