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**St Michael’s NS,**

**Donaghmoyne, Telephone: 042 9662284**

**Carrickmacross, Email: stmichaelsnsdonaghmoyne@gmail.com**

**Co. Monaghan, Website:** [**www.stmichaelsns.ie**](http://www.stmichaelsns.ie)

**A81 EA37.**

***Principal: Ms F Whelan***

***Vice Principal: Mrs R Campbell***

**Administration of Medication Policy**

**Introduction**

This policy was drafted through a collaborative school process and was first ratified by the Board of Management (BoM) in April 2016. Guidelines and procedures as set out in the “Managing Chronic Health Conditions at School” resource pack, were adhered to and have supported the formulation of this policy. The policy will be reviewed, updated and ratified on an annual basis.

**Rationale**

The policy as outlined was put in place to:

1. Ensure the strictest guidelines and controls are in place and that clear instructions are available to staff
2. Safeguard pupils in the event of an accident or emergency
3. Safeguard pupils who may require emergency medication
4. Ensure emergency plans and procedures are in place to safeguard children within the school who have Chronic Health Conditions
5. Safeguard school staff in the event of an accident or emergency
6. Safeguard school staff who may undertake the responsibility to administer medication in the event of an emergency
7. Protect against possible litigation

**Relationship to School Ethos**

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

**Aims of this Policy**

The aims and objectives of the policy can be summarised as follows;

* Minimise health risks to children and staff on the school premises
* Highlight the duty of the BoM in relation to Health and Safety requirements
* Provide a framework within which medicines may be administered in cases of emergency

**In School Procedures**

Parents are required to inform staff of any known medical concerns/ conditions their child may have when completing the annual enrolment form. Any conditions/ illnesses which come to light during the school year, after completion of the enrolment form, must be immediately communicated to the principal and teacher. These details will be recorded on the school computerised data system aladdin. Staff will not accept responsibility for any injuries /illness caused to a child resulting from failure by parents to inform staff of a medical condition their child suffers from.

**Accidents/ Emergencies**

All staff have been trained in Basic First Aid and this will be updated when necessary**.** Notes from this course are laminated and available inside the secretary’s office, for quick access if required. These may be used to guide teachers/ staff in the event of an accident.

In the event of an emergency, teachers should do no more than is necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

No teacher/ staff members will drive an injured/ critically ill child to hospital. **An ambulance will be called immediately. Emergency number 999 or 112. Parents will also be called immediately.**

The school maintains an up-to-date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year. It is the responsibility of parents to ensure any change of contact details are reported to the school secretary.

**Common Colds/ Flus**

In the instance of a child on an antibiotic/ taking medication for a cold etc., teachers will not undertake to administer medicine or drugs to this pupil. The following guidelines will therefore be adhered to.

* Prescribed/ Non- prescribed medicines may only be administered by parents (or older siblings) of the pupil, after prior arrangement with the class teacher has been made. Under no circumstance will non-prescribed medicines be stored in the school. The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines.

**First Aid Boxes**

Two first aid boxes are kept in the secretary’s office. These contain anti-septic wipes, anti-septic bandages, steri-strips, cotton wool, scissors etc. Mrs. Debby Fee is responsible for ensuring the first aid boxes contain the necessary equipment. A full medical kit is taken when children are engaged in out of school activities such as tours, football/hurling games and athletic activities.

A blanket/ cushion is also stored in the secretary’s office in case of emergency.

The teacher on duty at the time of the accident has the primary responsibility for recording details of the accident after the event and storing these in the appropriate folder in the secretary’s office. Accident Report Forms are available in the secretary’s office for ease of access to staff members.

**Chronic Conditions**

In addition to ensuring appropriate care is provided in the event of an unforeseen accident/ emergency, it is essential that all staff are committed to ensuring the safety of all students with chronic health conditions. It is therefore integral to ensure the following statements are true:

**A** - The school environment is inclusive and readily equipped to facilitate students with chronic conditions.

**B** - The school/ staff have all necessary equipment required to respond to emergencies.

**C** - Strict guidelines on the administration and storage of medication and equipment are in place.

**D** - Appropriate training/ guidance on the conditions and what to do in the case of an emergency has been received.

For the purpose of this policy, the following conditions come under the category of Chronic Health Conditions:

* Anaphylaxis
* Asthma
* Epilepsy
* Diabetes

**Statement A: The School Environment**

This school ensures that the whole school environment is inclusive of students with a chronic condition. This includes the physical environment, as well as social, sporting and educational activities.

**EDUCATION AND LEARNING**

This school ensures that students with chronic conditions can participate fully in all aspects of the curriculum and does its best to provide appropriate adjustments and extra support as needed.

If a student is missing a lot of school time, has limited concentration or is frequently tired, all teachers at this school understand that this may be due to a chronic condition.

Staff use opportunities such as social, personal and health education lessons to raise awareness of chronic conditions amongst students and to create a positive social environment.

**SOCIAL INTERACTIONS**

This school ensures the needs of students with chronic conditions are adequately considered to ensure their involvement in structured and unstructured social activities, during breaks, before and after school.

This school ensures the needs of students with chronic conditions are adequately considered to ensure they have full access to extended school activities such as clubs and school excursions.

Staff at this school are aware of the potential social problems that students with chronic conditions may experience. Staff use this knowledge to prevent and deal with problems in accordance with the school’s anti-bullying and behaviour policies.

**EXERCISE AND PHYSICAL ACTIVITY**

This school ensures all teachers and external sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

This school ensures all teachers and external sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

Teachers and external sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.

This school ensures all students have the appropriate medication and/or food readily available for them during physical activity and that students take them when needed.

This school ensures all students with chronic conditions are actively encouraged to take part in out-of-school activities and team sports.

**SCHOOL EXCURSIONS**

Risk assessments are carried out by this school prior to any out-of-school visit and chronic conditions are considered during this process. Factors the school considers include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered and where help can be obtained in an emergency.

This school understands that there may be additional medication, equipment or other factors to consider when planning tours.

**Statement B: Equipment/Information**

This school understands that certain chronic conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Parents have a duty to inform the school of such a condition and provide the necessary medical equipment to respond to emergencies.

All parents are informed and reminded about this school’s ‘Managing Chronic Health Conditions’ guidelines” by providing access to this policy on request, sending out text messages, reminding parents about allergies etc.

School staff are informed and regularly reminded about the ‘Managing Chronic Health Conditions guidelines. Useful notes on the four conditions listed above have been provided to all staff members and they are asked to read- review these regularly.

Students are informed and regularly reminded about the ‘Managing Chronic Health Conditions’ guidelines in social, personal and health education (SPHE) classes. Similarly, they are reminded about allergies etc.

The responsibilities of parents of students with a chronic condition are set out in a written format and clearly understood by all parties in the Healthcare Plan and Emergency Plan for each condition. (Appendix A).

Prior to completion of the plan, the principal will be responsible for sending a letter of request to relevant parents, upon analysis of enrolment forms. (Appendix B)

Healthcare Plans are used to create a centralised register of students with medical needs. An identified member of staff has responsibility for the register at this school.

The responsible member of staff follows up with the parents on any further details on a student’s Healthcare Plan required, or if permission for administration of medication is unclear or incomplete. (First Aid Officer- Mrs Debby Fee and Principal. - Ms. Fiona Whelan).

**ONGOING COMMUNICATION AND REVIEW OF HEALTHCARE PLANS**

Parents of students at this school are regularly reminded to update their child’s Healthcare Plan with changes to things such as their symptoms (getting better or worse) or their medication.

Staff at this school use opportunities such as teacher–parent meetings to check that information held by the school on a student’s condition is accurate and up to date.

**STORAGE AND ACCESS TO HEALTHCARE PLANS**

Health care plans are drawn with parents and teachers, and both retain an agreed copy.

Healthcare Plans are kept in the secretary’s office, in a designated folder.

All members of staff who work with students have access to the Healthcare Plans of students in their care.

The school ensures that substitute/temporary teachers are made aware of any children who have a chronic medical condition and individual healthcare plan.

This school ensures that all staff protect student confidentiality.

This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

**USE OF HEALTHCARE PLANS**

Healthcare Plans are used primarily by this school to inform the appropriate staff about the individual needs of a student with a chronic condition in their care. Remind students with chronic conditions to take their medication when they need to and if appropriate, remind them to keep their emergency medication with them at all times. Identify common or important individual triggers for students with chronic conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers

**Statement C: Administering/ Storing Medication**

This school has clear guidance on the administration and storage of medication and necessary equipment at school. This school understands the importance of medication being taken as prescribed and the need for safe storage of medication at school.

**ADMINISTRATION – EMERGENCY MEDICATION**

All students at this school with chronic conditions have access to their emergency medication at all times. This school understands the importance of medication being taken as prescribed. Staff are aware that there is no legal or contractual duty for a member of staff to administer medication or supervise a student taking medication. However, any teacher who is willing and confident to administer medication to a student can do so under controlled guidelines. This teacher will need to have written approval of parents and be fully trained in procedures.

Parents of students at this school understand that if their child’s medication changes or is discontinued, they should notify the school immediately in writing to update their child’s Healthcare Plan. The school confirms the changes are incorporated into the plan.

Staff or other voluntary assistance attending tours/off site activities are made aware of any students with chronic conditions on the visit. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a student misuses medication, either their own or another student’s, their parents are informed as soon as possible. These students are subject to the school’s usual disciplinary procedures.

Once emergency medication has been administered, staff are asked to update the emergency medication provision school record sheet. (Appendix C).

**SAFE STORAGE – EMERGENCY MEDICATION**

Emergency medication is readily available at all times during the school day or at off-site activities. Staff members know where emergency medication is stored.

Medication is always stored out of sight/ reach of other pupils. Staff ensures that medication is only accessible to those for whom it is prescribed. Parents are responsible for collecting medication stored in school, before any holidays/ closures and are equally responsible for ensuring that these are returned to school after holidays/ closures. The schools accept no responsibility for maintenance of medication, this is the responsibility of parents.

**SAFE DISPOSAL**

Parents at this school are asked to ensure that an adult collects out-of-date medication.

Sharps boxes are used for the disposal of needles. (A sharps box is a small yellow plastic container with a protective lid that is used for the disposal of used needles). Parents must provide the school with a sharps box, if required for their child.

All sharps boxes in this school are stored in a locked cupboard.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and returns it to school or the student’s parents.

Collection and disposal of sharps boxes is arranged by the parents.

Used Adrenalin auto injectors (Epipens) must be given to the ambulance crew.

**Statement D: Training / Guidance**

Staff understand the common chronic health conditions that affect students at this school. Staff receive appropriate information /training on chronic conditions and what to do in an emergency. This can be obtained from parents/ GP’S/ attending training.

All staff at this school are aware of the most common chronic conditions.

Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent and look to implement the relevant Emergency Plan.

Action for staff to take in an emergency for the most common conditions at this school is displayed in prominent locations for all staff.

This school regularly holds training on common chronic conditions. A log of the managing chronic conditions training is kept by the school and reviewed every 12 months.

All school staff who volunteer to administer medication are provided with training by a healthcare professional. The school keeps a register of staff that have completed the relevant training and records the date when retraining is necessary. Local authorities, schools and Boards of Management are responsible for the health and safety of students in their care. Pieces of legislation that directly affect managing chronic health conditions guidelines are ‘The Disability Act 2005’ and ‘Education for Persons with Special Educational Needs. Staff Training forms should be kept updated once relevant training or advice has been given (Appendix D). Important information which may assist teachers/ staff in the event of an emergency has been provided to all staff members and is also included as (Appendix E).

**General Recommendations**

We recommend that any child who shows signs of illness should be kept at home. Requests from parents to keep their children in at break/ lunch break cannot be facilitated, due to strict yard duty policies. If a child is deemed too sick to engage in important playtime in the yard, they should not be at school.

We recommend that any parent who notices head lice should inform the school and the school will issue a letter to all parents.

We recommend that parents inform the school if their child has any contagious illness.

We recommend parents provide a small wash bag, containing soap and a small face cloth, for their child. This can be used by their child only after using the toilet and will assist in eliminating the inevitable spreading of germs when sharing towels etc.

**Roles and Responsibilities**

The BoM has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication. The principal is the day-to-day manager of routines contained in the policy with the assistance of all staff members. Mrs. Roisin Campbell is the Safety Officer and Mrs. Debby Fee is the first aid officer with responsibility for the maintenance and replenishment of First Aid Boxes.

**Success Criteria**

The effectiveness of the school policy in its present form is measured by the following criteria;

* Compliance with Health and Safety legislation
* Maintaining a safe and caring environment for children
* Positive feedback from parents/teachers
* Ensuring the primary responsibility for administering remains with parents/guardians

**Ratification and Review:**

This policy was reviewed and ratified by the BoM in October 2022. It will be reviewed annually or in the event of an incident. It may be added to in the event of the enrolment of a child with significant medical conditions.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson)

Date: October 2022

**APPENDIX A: TEMPLATE LETTER**

**St Michael’s NS,**

**Donaghmoyne, Telephone: 042 9662284**

**Carrickmacross, Email: stmichaelsnsdonaghmoyne@gmail.com**

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**A81 EA37.**

***Principal: Ms F Whelan***

***Vice Principal: Mrs R Campbell***

Dear Parent

RE: THE HEALTHCARE PLAN

Thank you for informing us of your child’s chronic condition. As part of accepted good practice and with advice from the Department for Children and Family Affairs, relevant voluntary organisations and the School’s Board of Management, our school has established ‘Managing Chronic Health Conditions’ guidelines for use by all staff. As part of these guidelines, we are asking all parents of students with a chronic condition to help us by completing a school Healthcare Plan for their child. 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 042 9662284, where a scheduled appointment can be arranged. Your child’s completed plan will store helpful details about your child’s 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 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,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. Fiona Whelan (Principal)

**APPENDIX B- HEALTHCARE PLAN**

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date for review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTHCARE PLAN FOR A STUDENT WITH A CHRONIC CONDITION**

**Student’s Information:**

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings in the school:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Student’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Contact 1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Contact 2:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Contact 3:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF THE STUDENT’S CONDITIONS**

Signs and symptoms of this student’s condition:

Triggers or things that make this student’s condition/s worse: ­

Routine Healthcare Requirements During school hours: Outside school hours:

Regular Medication taken during school hours:

­­­­­­­­­­­­­­­­­

Emergency medication-Please fill out full details including dosage: Please also refer to the Emergency Plan for relevant information: Asthma on page 31, Diabetes on page 51, Epilepsy on page 73, Anaphylaxis on page 95.

Activities - Any special considerations to be aware of?

Any other information relating to the student’s health care in school?

Name of Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nurse for the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The school may contact the above named for further information or training)

**Parental and student agreement** (please circle your reply)

I agree / I do not agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed by parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for emergency medication** (please circle your reply)

In the event of an emergency, I agree / I do not agree with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan.

Signed by parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C: EMERGENCY MEDICATION PROVISION SCHOOL RECORD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name  | Medication | Dosage Given | Time Given | Any reactions | Parents NotifiedY/N | Name | Signature | Date |
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**APPENDIX D: STAFF TRAINING RECORD**

Administration of Medication

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of training received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date training completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of each person attending the training

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date for update training/retraining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_