



Name of policy: **Medication policy (pupils)—ED18**

Publication date	1 st February 2019
Date of last review/revision	15 th October 2020
Type of policy (statutory, procedure, adopted, protocol...?)	Protocol
Purpose	To guide all members of staff in the appropriate administration of medicines to pupils and inform parents of school protocol
Related Quality Indicators (HGIOS 4)	
Related school policies	Safeguarding; Health & Safety; School-Parent Agreement
Whole school or departmental policy?	Whole School
Links to national policies or legislation	-
Links to OSCR	
Signature of Chair of Trustees	
Signature of Chair of College	
Key contact (name, role, email address)	Helen Newton (School Coordinator); Lynne Keggie (Administrative Support Officer); Susie Musgrave (Kindergarten Coordinator)



Medication Policy

Introduction

The consumption of medicines by pupils in school is subject to a number of restrictions, some of which are based on statute or the advice of regulatory bodies including Education Scotland and the Care Inspectorate (Kindergarten). On those occasions when medicines can or must be consumed on school premises, pupils and staff must adhere to the guidelines in this policy.

Illness in School

If a pupil becomes ill in a lesson and the Teacher thinks that medical treatment is required, then the pupil should be cared for and treated appropriately in the office. If the Teacher thinks that the pupil is too ill or injured to be moved, then a designated First Aider should be called. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted and/or a letter sent home with the pupil.

In more serious cases, where hospital attention is deemed necessary, the School will contact parents, who will be expected to take their child to hospital. In an emergency, an ambulance will be called and the parent contacted by the School. In the absence of a parent, a member of staff must accompany the pupil to the hospital and remain there until the parent arrives. If a parent cannot be contacted, the School will act in loco parentis and give permission for any emergency treatment, according to the parent's wishes indicated on the pupil's Medical and Consent Form. In certain circumstances, health professionals may be responsible for any decisions on medical treatment when parents are not available.

Infectious Diseases

The School has a duty to ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Parents should inform the School immediately if their child is diagnosed with or suspected of having an infectious disease. The School may decide to inform some or all parents of children in the School, usually via email.

The School does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Pupils with long-term medical needs

Pupils with medical needs entering the School will be identified through the admissions procedure and through discussions with their parents, to ensure appropriate records are kept and appropriate provision can be made.

Parents are requested to approach the School with any information on medical issues that arise and that they feel the School will need to take account of for individual pupils.

Parents are required to complete a medical form to identify any medical needs, and may also need to draw up an individual health care plan in consultation with other carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.

The School may wish to consult with healthcare professionals (for example, the pupil's GP) in order to help make decisions about the support required. Permission will be sought from parents before contact is made.

The child's Class Teacher or Guardian is responsible for informing other staff about medical conditions as appropriate e.g. assistants, subject teachers and supply/cover staff.

Administration of Medication

Ideally, medication should be administered by parents. Whilst there is no legal duty requiring staff to administer medicines, we will endeavour, where possible, to accommodate requests from parents to assist in administering medicines to children during the school day when these are of an essential nature (e.g. epilepsy, diabetes, asthma, anaphylaxis), or when they are recovering from an illness. Parents are also welcome to make arrangements to come into school to administer medication to their child themselves during the school day.

Medication will only be given by an authorised member of staff. The College of Teachers will accept responsibility in principle for members of staff giving or supervising pupils taking medication during the school day, where those members of staff are first aid trained AND have volunteered to do so. In cases where members of school staff are expected to administer injections or assist children with inhalers, appropriate training will be provided.

Medication will only be administered with parental authorisation. If your child requires medication on a regular or emergency basis, parents must complete the appropriate form. These forms should be reviewed annually.

Natural and homeopathic medicine

From time to time, pupils suffer from stomach upsets, sore throats, headaches and other minor ailments whilst at School. At this school, we do not administer analgesics, unless prior parental consent has been given (see below). The School's first aid resources include a small range of natural and homeopathic treatments as a supportive measure for pupils whose parents wish homeopathic

remedies to be used for their child should the need arise at school. These medications can be reassuring for children and are not a danger to health, even if given in reasonably high quantities.

The homeopathic remedies currently available in school are:

- Arnica (x 6) (for bruising)
- Arnica Cream/Lotion (for bruising)
- Combudoron Lotion (for the relief of insect bites)
- Rescue Remedy (for shock, distress, accident)
- Calendula Salve (for cuts, grazes)
- Throat lozenges

Natural and homeopathic medicines will only be administered as required, and at the discretion of school staff, whose parents have given their permission on their child's **Medical Information and Consent Form**. In cases where parental consent has been given, only a remedy from the list above will be administered.

Non-prescribed medication

ESS has designated staff who will administer non-prescription medication to pupils, providing parents have authorised its use (using **Form 1: Parental agreement for school to administer medicine – Appendix**) and supplied the appropriate medication. **Staff will not administer the first dose of a new medicine to a child.** This allows parents to be vigilant to possible side effects of the medicine.

Procedure for the administration of non-prescription medication:

- The reason for giving the medication must be established and must be appropriate
- The pupil must have an appropriately filled out Form 1 giving parental consent
- The pupil will be asked if they have taken any medication recently and, if so, what has been taken. There is an awareness that some of the cold and period pain remedies contain Paracetamol. If the pupil is vague no medication will be given a parent has clarified what the pupil has already taken
- The Medication File will be checked to see if any medication has already been given to the pupil on that day
- The medication will be checked to see if it is in date
- The person administering the medication must watch the pupil take the medication
- The administration of the medication must be recorded in the Medication File on the '**Record of Medicine Administered to an individual child**' (reverse of Form 1)
- The parents will be contacted to ensure they are aware that their child has received some form of medication

Please note that a child under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.

Prescribed medication (short term)

The administration of these medicines must follow the same protocol as described for non-prescribed medication. The main medications which come into this category are oral antibiotics

or other medication prescribed for a short period. Other types of prescription-only medicines will be discussed in more detail in specific sections.

When medication is brought into school there needs to be:

- Preferably a '**Form 1: Parental agreement for school to administer medicine;**'
- Or a letter that shows:
 - The date
 - The name of the pupil that the medicine is for
 - Details about the medication
 - Clear instructions regarding when it is to be given
 - Parental/Carer signature

In the case of a letter rather than the form, the pupil should be given a Form 1 to take home to complete and asked to bring it back the following day.

If the person administering the medication is not happy with any of the information given, they should contact the parents and confirm the information. ONLY THEN, if they are happy, should they administer the medication and confirm in the documentation that verbal consent was gained from the parent or carer.

Administration of Specific Medications

o **Epinephrine (Adrenaline)**

This is the treatment for severe allergic reaction (anaphylaxis) to common triggers to peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). It usually requires immediate medical attention. The treatment for a severe allergic reaction is injection of epinephrine (adrenaline). Pupils at risk of severe allergic reaction will hold pre-loaded injection devices (Epipens) containing one measure dosages at school. School staff are trained in the use of Epipens and may administer appropriate dosages in an emergency.

o **Asthma Inhalers**

Parents of pupils with asthma should notify the school that their child has asthma or viral wheeze. Unless the pupil requires an Individual Health Care Plan, parents should complete:

Form 3a: Asthma consent form, including use of the School's emergency salbutamol inhaler, for pupils in Class 4 and up (unless they are unable to self administer their inhaler),

OR

Form 3b: Asthma consent form including use of the School's emergency salbutamol inhaler for pupils up to, and including, Class 3 (and older pupils who are unable to self administer their inhaler).

Self-management of medication

If a parent considers their child to be responsible enough to carry and administer their own medication, they should be encouraged to do so. If pupils can take their medicine themselves, staff will generally only need to supervise this and, if appropriate, record the dosage, time and date of administration. Parents should complete the appropriate request form (**Form 2: Parental request for medication to be carried and self-administered by pupil in school – Appendix**) if they wish their child to carry and administer their own medication.

Medication Errors

If too much medicine is given, or given to the wrong child, the office should inform the parent(s) immediately and advice should be sought from NHS 24 or the child's GP.

Record keeping

Clear records are maintained of all medications brought into the School in the School's Medication Administration file. The records indicate the following:

- Date and time medication administered
- Name of pupil
- Reason for administering the medication
- Dose and method of medication
- Signature and name of person administering (or supervising) the medication

The Medicine Administration file is kept in the Admissions filing cabinet in the office. This drawer also includes the Medical and Consent Forms completed at admission for all pupils in the School.

The School will keep records of all medication administered. A member of staff will supervise the pupil taking the medication and notify the parents, in writing, on the day the medication is taken.

Storing Medication

Schools should not store large volumes of medication.

The School will not accept items of medication in unlabelled containers. All medication must be in its original packaging, clearly labelled with the following information:

- Pupil's name and class
- Name of medication
- Dosage and frequency of administration
- Storage requirements (if important)
- Expiry date

Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container. A few medications, such as asthma inhalers, must not be locked away and should be readily available to the child. Other medications should generally be kept in a secure place, not accessible to children but pupils should know where their own medication is located.

Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled.

It is the responsibility of parents to:

- Notify the school in writing if the pupil's need for medication has ceased, or there has been a change in medication or dosage requirements.
- Renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

Disposal of Medication

Please note that it is the responsibility of parents to make sure that all medication held in school is in date. Parents are required to collect any medication held at the end of each school year, and are responsible for the safe disposal of expired medication. If they fail to collect or contact the School by the deadline given, then the School holds the right to dispose of the medication.

Medication on School Trips

Where medication is required for a pupil on a school trip, an adequate amount for the entire visit must be provided in its original packaging, labelled with the pupil's name, the name of the medication, the condition which it treats, and the appropriate dosage and route of administration.

Refusal of Medication

If a pupil refuses to take any medication, the School may not force them to take it, but should note this in the records and follow agreed procedures. The procedures may either be set out in the guidance or in an individual child's health care plan.

If the refusal is likely to result in a medical emergency (e.g. with diabetes), then the parents and emergency services should be informed immediately. In less serious circumstances, a record should be made in writing and handed to the parent, who may consult their GP.

Asthma

Parents of pupils with asthma should notify the School that their child has asthma or viral wheeze. Unless the pupil requires an Individual Health Care Plan, parents should complete the appropriate form every year:

Form 3a: Asthma consent form, including use of school's emergency salbutamol inhaler, for pupils in Class 4 and up (unless they are unable to self administer their inhaler),

OR

Form 3b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, Class 3 (and older pupils who are unable to self administer their inhaler).

- A register is kept of all pupils diagnosed with asthma or prescribed a reliever inhaler, a copy of which is stored with the emergency inhaler (See below)
- All school staff, supply teachers, visiting teachers and support staff should be made aware of pupils who have asthma and of these procedures

- The Class register should be clearly marked to indicate pupils with asthma so that when a cover teacher takes a Class they are aware of any pupils with asthma in that Class
- All staff who may have direct day-to-day responsibility for any pupil with asthma should be familiar with the Symptom and Action Flowchart for Asthma Attack and, if the pupil has one, the Individual Health Care Plan
- A list of staff who have attended ASL: Allergies, Eczema, Asthma and Epilepsy Awareness – Management in Educational Establishments should be displayed clearly in the School Office. Attendance at this course is valid for two years.
- A member of staff must be designated to be responsible for keeping forms up-to-date, checking inhalers are in-date, requesting replacements from parents/carers as necessary and ordering replacement spacers/inhalers for the emergency kits (see below)
- Should a pupil require emergency treatment, the instructions on the Symptom and Action Flowchart for Asthma Attack should be followed
- Personal reliever inhalers and spacers should be suitably accessible and stored:
 - **In Kindergarten to Class 3**, they should be kept, with the Symptom and Action Flowchart for Asthma Attack, in a zipped ‘poly pocket’ in the pupil’s classroom and in a central, easily accessible place
 - **In Class 4 and above**, pupils with asthma should, except where a pupil is unable to, carry their personal inhaler in their bag or pocket. An additional inhaler and a spacer should be kept, with the Symptom and Action Flowchart for Asthma Attack, in a zipped ‘poly pocket’ in a central, easily accessible place such as the School Office.

Emergency inhalers

Keeping an inhaler in school for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life. The Human Medicines (Amendment) (No. 2) Regulations 2014 now allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The inhaler can be used if the pupil’s prescribed inhaler is not available (e.g. because it is broken or empty). The emergency salbutamol inhaler must only be administered:

- By staff who have completed ASL: Allergies, Eczema, Asthma and Epilepsy Awareness - management in educational establishments within the last two years;
- To pupils who have a diagnosis of asthma or viral wheeze, who have been prescribed an inhaler as reliever medication;
- And for whom Forms 3a or 3b have been completed and signed by their parent/carer within the last year

When used, the emergency salbutamol inhaler should be retained by the School for use by the pupil who used it and a new salbutamol inhaler obtained to replace the one in the emergency asthma kit. Pupils should obtain replacements for expired, broken or empty inhalers from their G.P.

The pupil’s parent/carer must be informed in writing if the pupil has required assistance from a member of staff (when they don’t normally require assistance) or had to use the School’s emergency salbutamol inhaler.

- **Emergency Asthma Inhaler Kits should be suitably accessible and stored:**

In secondary schools, 3 Emergency Kits should be kept in school, 1 in the School Office, 1 with a Designated First Aider and 1 in the PE department. A member of the PE staff should take an Emergency Kit if accompanying pupils off campus e.g. to the park, on a cross country run, swimming. N.B. Pupils should be reminded to carry their own.

Appendix A: Annual Block Consent Form

Pupil's Name _____

Class _____ DOB _____

<p>1. Privacy Notice</p> <p>I have read the school's privacy notice explaining what information is collected and processed, how we store data, and how we share this data with those who provide services to the school and organisations concerned with welfare of my child.</p>	Yes	No
<p>2. School Newsletter: Tuesday Notice E-Bulletin</p> <p>I wish to sign up to the School's weekly email newsletter, and have indicated which address to use by ticking the box on the "ESS Data Collection" form (appendix B).</p>	Yes	No
<p>3. Class Email Lists</p> <p>I give permission for ESS to include the following information on my child's class list which will be distributed to families within the same class:</p> <ul style="list-style-type: none"> ● My child's first & last name ● Name of mother/guardian ● Name of father/guardian <p>Please indicate which email address(es) you wish to appear on your child's class list, and whether it is a home or work email. Non-work emails are preferred.</p> <p>Mother's email _____ Home / Work</p> <p>Father's email _____ Home / Work</p> <p>Other email _____ Home / Work</p> <p>I understand that class email lists are provided on the basis that they are used exclusively for supporting friendships between pupils (e.g. social dates and parties) or school business (e.g. Christmas Market, class fundraising etc). Lists are not to be released to anyone outside the school, nor are they to be used by anyone in the school for purposes that do not relate to school.</p>	Yes	No
<p>4. Using Your Child's Image</p> <p>I have read and understood the Taking, Storing & Using Images of Children Policy.</p>	Yes	No
<p>Educational purposes: I am happy for my child to be included in photos and video for recording pupil development, as a teaching and coaching aid, assessment, and other educational uses</p>	Yes	No
<p>Internal displays: I am happy for my child to be included in photographs and video for use in on-site School displays and display screens.</p>	Yes	No
<p>School Newsletter: I am happy for photos of my child to be included in the Tuesday Notice.</p>	Yes	No
<p>Online: I am happy for my child to be included in photographs and videos used on the school website and school social media channels (e.g. Facebook, Twitter, LinkedIn).</p>	Yes	No
<p>Publicity material: I am happy for photos and videos of my child to be included in Edinburgh Steiner School advertisements, school publications (e.g. the prospectus), and external media, such as articles in the local and national press and with affiliated partners (e.g. SWSF, SCIS).</p>	Yes	No
<p>Class-wide sharing: I am happy for my child to be included in photos taken on school trips and visits, and to be shared with other parents in the class, on the understanding they are for personal use only, and not to be shared on public websites and personal social media channels, or for any wider purpose.</p>	Yes	No
<p>School Photographer: I am happy for my child to be included in the annual class photo.</p>	Yes	No
<p>Parental photography: I understand that any photos/videos I take of my child at school events and trips, which include other pupils, are for personal use only, and not to be shared on public websites and personal social media channels, or for any wider purpose.</p>	Yes	No

<p>5. Pupils' School Work</p> <p>I give permission for my child's work to appear in school publications, the Tuesday Notice, the School website, School social media channels, advertising material for the school, newspaper articles or films about the school, and elsewhere.</p> <p>I understand my child will continue to own the copyright on any work published.</p>	Yes	No
<p>6. I have read and understood the Nut Allergy Policy.</p> <p>I agree to do my part in upholding this policy for the safety of all children in the school.</p>	Yes	No
<p>7. I have read and understood the Medication Policy.</p>	Yes	No
<p>8. Consent for School Trips/Activities and Insurance</p> <p>I have read the information provided in the Consent for School Trips and Activities section.</p> <p>I give permission for my child to attend all routine off-site visits.</p> <p>I understand I will not be given prior notice every time for routine off-site visits.</p> <p>I give permission for my child to participate in all one-off and day school trips (low risk) and other low-risk activities that take place off school premises. This includes:</p> <ul style="list-style-type: none"> ● all off-site activities/visits for school/kindergarten pupils, during the day; ● off-site sporting fixtures during/outside the school day; ● being transported on foot, by hired coach/minibus, or on public transport. <p>I understand I will be given prior notice of these visits and will notify the teacher in writing if I do not want my child to participate in a particular trip.</p> <p>I have read the notes on insurance cover, and understand that ESS has in force a Travel Insurance Policy which covers school trips and excursions. I agree that I will be responsible for any costs not included by insurance or free at point of use healthcare.</p>	Yes	No
	Yes	No
	Yes	No

Parents of pupils aged 12 years or over: Please ensure you have discussed the privacy notice with your child and that they understand and are in agreement with any voluntary consents provided on this form that relate to their personal information and work.

Both parents and pupils over the age of 12 are required to sign this consent form.

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	PUPIL (if aged 12 years old or above)
Signed			
Name in BLOCK CAPITALS			
Date			

You may withdraw or change any consent, by contacting the school office in writing or emailing office@einburghsteinerschool.org.uk

Please return to: The School Office, Edinburgh Steiner School, 60 Spylaw Road, EH10 5BR

Appendix B: ESS data collection and medical consent for trips and visas

Please complete both sides in full. Pupils will not be allowed to attend any visit/off-site activity unless this information and consent form has been fully completed and returned to the school. Under the terms of current Data Protection legislation, Edinburgh Steiner School is the data controller and will process your personal data for the purposes outlined in the Parent & Pupil Privacy Notice. You may withdraw or change consents at any time.

Date:
Code:

Pupil Details									
Pupil Legal Surname		Pupil Legal First Name		Preferred First Name					
Nationality			Native Language		Class in 18/19	Gender		Date of Birth	
Home Address (including post code)									
Parent/Guardian Contact Information									
Please ensure ALL persons with parental responsibility are included below. Use a separate sheet if necessary.									
Parent/Guardian 1		Communication prefs: <input type="checkbox"/> Billing <input type="checkbox"/> Correspondence <input type="checkbox"/> Reports <input type="checkbox"/> Tues Notice (Please Tick)							
Title		First Name		Surname					
Email						Home Tel			
Address (if different to above)						Work Tel			
						Mobile			
Relationship				Resident with pupil?		YES	NO	Parental responsibility?	
YES		NO		YES		NO		YES	M
Parent/Guardian 2		Communication prefs: <input type="checkbox"/> Billing <input type="checkbox"/> Correspondence <input type="checkbox"/> Reports <input type="checkbox"/> Tues Notice (Please Tick)							
Title		First Name		Surname					
Email						Home Tel			
Address (if different to above)						Work Tel			
						Mobile			
Relationship				Resident with pupil?		YES	NO	Parental responsibility?	
YES		NO		YES		NO		YES	M
Parent/Guardian 3		Communication prefs: <input type="checkbox"/> Billing <input type="checkbox"/> Correspondence <input type="checkbox"/> Reports <input type="checkbox"/> Tues Notice (Please Tick)							
Title		First Name		Surname					
Email						Home Tel			
Address (if different to above)						Work Tel			
						Mobile			
Relationship				Resident with pupil?		YES	NO	Parental responsibility?	
YES		NO		YES		NO		YES	M
Emergency Contacts									
Please provide details of all those who should be contacted in an emergency, in the order you wish them to be contacted. A minimum THREE contacts is required, which may include those listed above.									
* PLEASE ENSURE THAT YOU HAVE THE EMERGENCY CONTACT'S PERMISSION TO SHARE THEIR CONTACT INFORMATION *									
Priority	Name	Relation to child		Contact Number(s) (if not given above)		Permitted to collect child if parents unavailable?			
1						Yes	No		
2						Yes	No		
3						Yes	No		
Medical Information									
Doctor's Name					Telephone				
Doctor's Address					Vaccinated against tetanus in last 5 years?			Yes	M

	Date of last booster	
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PLEASE COMPLETE BOTH SIDES

Medical Information, continued										
Are your child's immunisations up to date?				YES	NO	Any additional information:				
Has your child ever been admitted to hospital?				YES	NO	If YES, please give details:				
Name of hospital						Approx date of admission				
Does your child have any of the following conditions? (Tick as applicable)									YES	N
Asthma		Anxiety / depression		Heart condition		Fainting / blackouts				
Diabetes		Severe headaches / migraines		Travel sickness		Recent surgery				
Epilepsy		Eating disorder		Non food allergies (medicinal/ materials/animals/insects etc)		Any medical/behavioural condition not mentioned?				
Food Allergies										
If YES, please give details: (please provide additional information on a separate sheet if required)										
Does your child have any condition or illness requiring medication at school/on trips?									YES	N
If YES*, please give details below and ensure you have completed the relevant "Parental Agreement for Medication" form:										
Other Information										
Specific dietary requirements (vegan, vegetarian etc):										
Any other relevant information:										
Does your child have any additional support needs, religious or cultural needs, illness, injury or conditions which might affect his/her participation at school/on school trips?									YES	N
If YES, please give details below, or on a supplementary sheet.										
Consent										
I give permission for medical details and other relevant information on this form, to be shared with appropriate School staff, the NHS, emergency medical services and other relevant health professionals.									YES	N
I give permission for the pupil to be given first aid or urgent medical treatment on school premises, or during any school trip or activity.									YES	N
While I understand the school will use all reasonable endeavours to contact parents/carers before organising emergency medical treatment by relevant medical authorities, I agree to the pupil receiving emergency dental, medical or surgical treatment (including blood transfusion) or anaesthetic , as considered necessary by the medical authorities present, and I will be responsible for any costs not covered by insurance or free at point of use healthcare. This consent is subject to the following exclusions (please specify any medical treatments you do not wish your child to receive):									YES	N
I give permission for authorised staff to administer the following to the pupil, as needed (only applicable to Classes 1 -12):										
1. Homeopathic remedies									YES	N
2. Sunscreen protection Any brand NOT permitted: _____									YES	N
3. Throat lozenges Any brand NOT permitted: _____									YES	N
4. Antiseptic cream									YES	N
* I understand that it is my responsibility to ensure that all medication held in school for the pupil's sole use is in date and have completed the "Parental Agreement for Medication" form (if applicable).									YES	N
DECLARATION: I certify that all information given on this form is correct and I have fully understood all questions asked. I undertake to notify the School if there are changes in personal or medical details (e.g. change of address, emergency contact numbers etc) and any										

change to any aspect of parental responsibility.

Parent/Guardian Signature

Date

Form 1: Parental agreement for school to administer medicine

Edinburgh Steiner School will not give your child medicine unless you complete and sign this form.

Name of school	Edinburgh Steiner School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>					
Expiry date					
Method, dose & frequency of medicine					
Dose(s) required in school time					
Are there any side effects that the school needs to know about?					
Has this medication been administered previously?	YES	NO	Keep refrigerated?	YES	NO

NB. The school will not administer the first dose of a new medication

Special precautions/other instructions	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I give consent to Edinburgh Steiner School staff to administer medicine to my child in accordance with the school/setting policy. I have consulted my child (subject to medical competence) on the above.

I confirm that:

- The above information is, to the best of my knowledge, accurate at the time of writing.
- It is necessary to give this medication during the school day.
- I understand that I must deliver the medicine personally to staff in the School Office.
- I agree to collect it at the end of the **day/week/summer term** (delete as appropriate).
- **The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.**
- 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.

Signature(s)

Date

Record of medicine administered to an individual child

Name of school	Edinburgh Steiner School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Doses required in school time	
Quantity returned	

On returning the medication to acknowledge that the treatment has been given and the medication returned:

Staff signature

Signature of parent

NB: Reasons for any non-administration of medication must also be recorded and the parent/carer informed on the same day.

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			

Name of member of staff			
Staff initials			

Form 2: Parental request for medication to be carried and self-administered by pupil in school

To be completed by parent/carer

Pupil's Name	Date of birth
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I request that the above pupil will be allowed to carry and self-administer this medication.

I confirm that:

- It is necessary to give this medication during the school day.
- This medicine has been given without adverse effect in the past.

I accept responsibility for ensuring that:

- my child has medication in small, adequate quantities, ideally for a period of a day at a time.
- my child knows to keep it safely and how and when to take their medication.
- my child will carry an adequate requirement of medicine for trips and visits.
- my child will inform their teacher that they are carrying medication.
- I have consulted my child on all the above.

Name of medication	Dose to be taken	Time/Symptoms occurring when medication is to be taken

Parent/carer's name	
Address	Home tel
	Work tel
	Mobile no
Signature	Date

Note: The school will not allow pupils to carry medication unless this form is completed and signed by the parent/carer of the pupil, and the School Coordinator agrees the administration of the medication. Edinburgh Steiner School reserves the right to withdraw this service.

Form 3a: Asthma consent form, including use of school's emergency salbutamol inhaler, for pupils in Class 4 and up to carry inhaler (unless they are unable to self administer)

To be completed by parent/carer

Pupil's Name	Date of birth
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- I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
- I confirm that my child knows to keep it safely and how and when to take their inhaler.
- My child has a working, in-date inhaler, **clearly labelled with their name**, which they will bring with them to school every day.
- I will ensure that my child informs their teacher that they are carrying an inhaler.
- I take responsibility to supply the school with another in-date reliever inhaler in the container in which it was dispensed, clearly labelled with the contents, dosage, and child's name in full and a spacer.
- **I will collect the inhaler from the school at the end of the summer term.** I accept that the school will destroy any inhalers that remain uncollected.
- In the event of my child displaying symptoms of asthma, and if their personal inhalers are not available or is unusable, **I do / do not* consent** for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. (*delete as appropriate)
- I have consulted my child on all the above.

Parent/carer's name (print)	
Address	Home tel
	Work tel
	Mobile no
Name of GP	
Address of Doctor	Doctor's Telephone
Signature	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the School Coordinator agrees the administration of the medication. Edinburgh Steiner School reserves the right to withdraw this service.

Form 3b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, Class 3 (and older pupils who are unable to self administer their inhaler)

To be completed by parent/carer

Pupil's Name	Date of birth
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- I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
- This inhaler has been given without adverse effect in the past.
- 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 take responsibility to supply the school with two in-date reliever inhalers in the containers in which they were dispensed, **clearly labelled with the contents, dosage, and child's name in full** and two spacers.
- **I will collect the inhalers from the school at the end of the summer term.** I accept that the school will destroy any inhalers that remain uncollected.
- In the event of my child displaying symptoms of asthma, and if their personal inhalers are not available or is unusable, **I do / do not* consent** for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. (*delete as appropriate)
- I have consulted my child (subject to medical competence) on all the above.

Parent/carer's name (print)	
Address	Home tel
	Work tel
	Mobile no
Name of GP	
Address of Doctor	Doctor's Telephone
Signature	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the School Coordinator agrees the administration of the medication. Edinburgh Steiner School reserves the right to withdraw this service.

Form 4: Use of emergency Adrenaline Auto-injector

This form must only be completed by parents/carer

Child's name
Child's DOB
Address
Contact Information Name
Daytime phone no. Relationship to child

Please answer all questions below and delete as appropriate:

1. I can confirm that my child has been prescribed an adrenaline autoinjector.	YES / NO
2. In the event of my child not having their own auto-injector or a malfunction of either of the auto-injectors (the second one is kept in the medical room), I consent for my child to receive the school held emergency adrenalin auto-injector for such emergencies.	YES / NO

Date:
.....

Signature of Parent/Carer: