



# St Thomas of Canterbury Catholic Primary School

*Where every child is special*

## Administration of Medicines and supporting children with Medical conditions Policy

Policy compiled by:

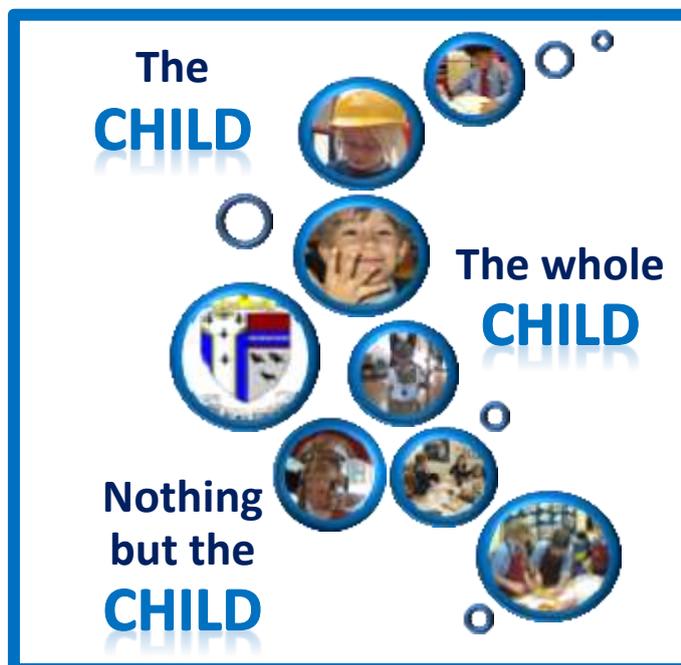
Inclusion Leader

Date of last review:

Spring 2017

Review Date:

Summer 2019



### **OUR MISSION STATEMENT**

*God's love is at the heart of our Catholic School family. We show this in our respect, kindness and love for others and by treating other people as we wish to be treated ourselves. We will encourage everyone to be the best that we can be.*

### **OUR AIMS**

- To guide our children to grow in the love of God and build relationships that will enable them to make a positive contribution to the school and society.
- To develop an exciting, challenging and creative curriculum that produces confident and successful learners who are the best that they can be.
- To develop high quality learning that enables every child to flourish, to discover their talents and be lifelong learners.
- To establish a teaching and learning environment that encourages everyone to enjoy, to achieve, to be inclusive, to be healthy, and to stay safe.
- To nurture a strong partnership between home and school.
- To have respect and understanding for our school, our community and our world, helping our children to become responsible citizens and good role models.

### **OUR GOLDEN RULE**

We treat others as we would like to be treated



## Policy Rationale

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site, and could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and with supplying the school with accurate and up to date information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our school website. It should be read in conjunction with the following documents:

- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)
- [https://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0003/77097/Supporting-Pupils-with-Medical-Conditions\\_v2.0.pdf?bustCache=61351560](https://www.surreycc.gov.uk/_data/assets/pdf_file/0003/77097/Supporting-Pupils-with-Medical-Conditions_v2.0.pdf?bustCache=61351560)

## Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy lies with the Headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover, to ensure that someone appropriately trained is always available and on site.

The Inclusion Leader will be responsible for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment to and awareness of children's medical conditions.

All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

## Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

## The Role of Staff

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010.

Some may also have Special Educational Needs and may have either a Statement of Special Educational Needs, or an Education, Health and Care plan (EHCP) which brings together health and social care needs as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the St Thomas of Canterbury Catholic Primary School SEN Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other



support services will work together to ensure that children with medical conditions have full access to the school curriculum, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and may involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals including the school nurse team will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. School staff have the right to decline the responsibility of administering medicines.

Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting in the remit of their employment. As the administration of medicines is considered to be an act of “taking reasonable care” of the child, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

Staff should take the same care that a reasonable parent would take in similar circumstances, while they are responsible for the care and control of children. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

We will ensure that the correct procedures are followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil’s needs change and arrangements for any staff training or support. For children starting in Reception at St Thomas’, arrangements will be in place in time for the start of the school year. In other cases, such as a new diagnosis or children moving to the school mid-term or mid-year, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect the child’s quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The school will ensure that arrangements give parents/carers and pupils confidence in the school’s ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child’s ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need actively to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils’ health is not put at unnecessary risk from,



for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence is conflicting, a robust dialogue may be necessary to ensure that the right support can be put in place. This will usually be led by the Inclusion Leader or Headteacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

### **Individual Health Care Plans**

Individual Health Care Plans will be written and reviewed by the Inclusion Leader, but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in **Annex A**.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have a Statement or EHCP, their SEN should be mentioned in their Individual Health Care Plan. **Annex B** shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring the plan is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least termly or more frequently if evidence is presented that the child's needs have changed. They will be developed and reviewed with



the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where the child has a SEN identified in a statement or EHCP, the Individual Health Care Plan should be linked to or become part of that statement or EHCP.

**Annex B** provides a template for the Individual Health Care Plan, which must include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

### **The Child's Role in managing their own Medical Needs**

If it is deemed, after discussion with the parent/carer, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Children are able to access their medicines for self-medication quickly and easily; these will be stored in the office to ensure that the safeguarding of other children is not compromised or in the classroom if they may be required in an emergency. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan.

Parents/carers should be informed, outside of the review, so that alternative options can be considered.

### **Medicines brought into St Thomas' School**

- Medicines should be brought into school by the parent or other responsible adult and handed to a member of the school office staff and the medication request form completed.
- Parents must bring in any equipment required to administer the medication e.g. medicine spoons,



oral syringes, syringes for injections and sharp waste containers.

- The Local Authority is responsible for the arrangements for medication to be given to school when a child comes to school via school transport.
- Arrangements must be made for emergency medications to be immediately available for administration if required both on and offsite.

### Managing Medicines on the School Site

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the school when it would be detrimental to a child’s health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent (**Annex D**)
- All medication must be handed in to the school office and a parent must complete and sign a medication request form detailing dosage instructions, their emergency contact details and giving their permission for the medication to be administered. Medicines must be kept in the container supplied and labelled by the pharmacist which states:

|                                  |   |
|----------------------------------|---|
| Name of child                    | This is normal pharmacy procedure when issuing all medicines. |
| Name of the medicine             |   |
| Strength                         |   |
| Formulation                      |   |
| Dose/frequency of administration |   |
| Instructions for administration  |   |
| Date of dispensing               |   |
| Cautionary advice                |   |
| Quantity of the medicine         |   |
| Expiry date (if short dated)     |   |

- We will not administer non-prescription medicines (eg Calpol) to a child without seeking express parental consent. If a parent/carer wishes a child to have the non-prescription medicine administered during the school day, they will need to agree with office staff for it to be administered (in consultation with the Headteacher) or come to the school to administer it to their child;
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container;
- All medicines will be stored safely in the school Medical room (except for those requiring potential emergency use, such as asthma inhalers, blood glucose testing meters and adrenaline pens - see below). Children should know where their medicines are at all times and be able to access them immediately;
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children; Inhalers will be stored in the classroom where both staff and the child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. There are two epipens in school, one in the classroom and one in the office.
- During school trips, children with medical needs will always been in a group with a member of school staff. The member of staff will carry the child’s medication or medical devices.
- Staff administering medicines should do so in accordance with the prescriber’s instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. **Annex C** and **Annex D** outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to



staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
  - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - assume that every child with the same condition requires the same treatment;
  - ignore the views of the child or their parents/carer; or ignore medical evidence or opinion, (although it may be challenged);
  - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
  - if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
  - penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments; Parents will however be notified if their child's attendance level falls below 90% and is affecting their progress at school so that measures can be discussed and put in place to improve their attendance or to refer for support for education at home.
  - 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/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs;
  - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

## **Administration by staff**

- Staff administering medicines and health care procedures have had appropriate training.
- Staff with responsibility for administering medicines are always introduced to the child beforehand to ensure familiarity.
- Unless it is an emergency situation, medicines will be administered in a location where privacy and confidentiality of the child may be maintained. Facilities are available should a child need to rest and recover.
- Medicines are administered and documented for one child at a time.
- Before administering medicines, staff wash their hands and then complete checks to ensure medication is administered correctly and all permissions have been given. If the member of staff has any concerns they will not administer the medication and will check with a parent or healthcare professional before taking further action. All advice and actions must be documented, signed and dated.
- Staff will alert the School Health Team if excessive requests for medication are made by a child or parents.
- The appropriate written records will be completed immediately after medication is administered.

## **Record Keeping**

- Staff training records are kept in school regarding first aid, medicine administration and storage.
- Individual healthcare plans for children with long term conditions are kept in school for necessary staff to access. This includes emergency plans.
- Written parental consent forms for medication are kept in the medical room where medication is



also stored, along with the instructions for administration.

- Medication administration forms are kept that detail when medication has been given.
- In exceptional circumstances where members of staff have returned medicines to a community retail pharmacy for disposal, details of the medicine, quantity and name of the pharmacist must be recorded. This must be signed and dated by the staff member and the pharmacist.

### **Disposal of medicines**

- School staff will not normally dispose of medicines when no longer needed, instead they will be returned to parents. Parents are responsible for disposal of date expired or no longer required medicines.
- In exceptional circumstances, medicines may be taken to a pharmacy for disposal. A record of this will be made.

### **Intimate or invasive treatment**

- Staff will protect the dignity of the child as far as possible.
- Staff will not be pressured to provide intimate or invasive treatment.

### **Training of staff**

- Initial validated training with certification will be provided for staff administering medicines for diabetes, epilepsy and anaphylaxis and regular updates from qualified professionals will be given.
- A training record of staff will be kept that details: trainers, provenance, those trained, date trained, date of expected update of training and date carried out.

### **Educational Visits**

- Children will not be prevented from participating in trips due to their medical needs.
- Teachers will be aware of how a child's medical condition may impact on their participation and any reasonable adjustments that may need to be made.
- The impact of any medical conditions will be addressed in the trip risk assessment.

### **Sporting activities**

- Children with medical conditions can participate in the physical education curriculum and extra curricular sport.
- School staff will be aware of any adaptations that may need to be made to meet the pupil's abilities.
- Any restrictions to participation in PE will be identified in the child's Individual Healthcare Plan.

### **Emergency travel**

- When emergency medical treatment is required, the school will dial 999 to call an ambulance.
- Staff will not take any child to hospital in their own car.
- Where a child has to be transported to hospital and it has not been possible to arrange a parent to travel with them, a member of staff will accompany the child and stay with them at the hospital until their parent arrives.

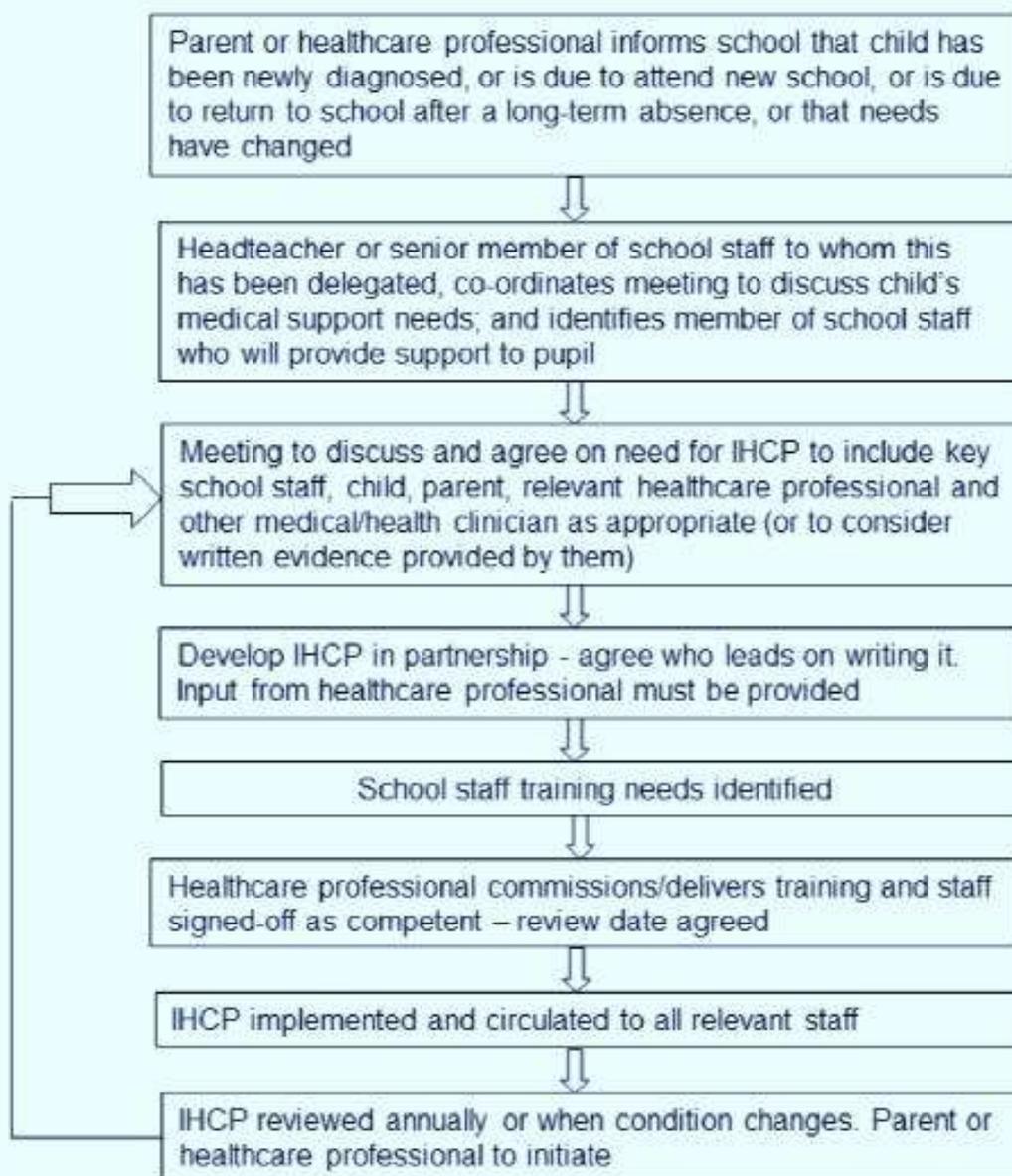
### **Complaints**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.



**Annex A**

**Model Process for Developing Individual Health Care Plans**





**Annex B**

**Pupil Healthcare Plan**

|                                       |  |
|---------------------------------------|--|
| <b>Child's name</b>                   |  |
| <b>Class</b>                          |  |
| <b>Date of birth</b>                  |  |
| <b>Child's address</b>                |  |
| <b>Medical diagnosis or condition</b> |  |
| <b>Date of diagnosis</b>              |  |
| <b>Contact member of staff</b>        |  |
| <b>Date care plan was set up</b>      |  |

**Family Contact Information**

|                              | <b>Contact 1</b> | <b>Contact 2</b> |
|------------------------------|------------------|------------------|
| <b>Name</b>                  |                  |                  |
| <b>Relationship to child</b> |                  |                  |
| <b>Home phone number</b>     |                  |                  |
| <b>Work phone number</b>     |                  |                  |
| <b>Mobile phone number</b>   |                  |                  |

**Medical Contact Information**

|                     | <b>Clinic/Hospital Contact</b> | <b>G.P.</b> |
|---------------------|--------------------------------|-------------|
| <b>Name</b>         |                                |             |
| <b>Phone number</b> |                                |             |



Describe child's symptoms, triggers, signs, treatments, facilities, equipment or devices needed, environmental issues etc.

Describe what constitutes an emergency for the child, and the action to take if this occurs

Name of medication to be given, dose, method of administration, side effects, etc. State whether medication is self-administered or not.

|  |  |
|--|--|
| Daily care requirements  |  |
| Specific support for pupil's educational, social and emotional needs |  |
| Arrangements for school trips and visits                             |  |
| Other information  |  |
| Staff training needed/undertaken (who, what, when)                   |  |

Parent/carer signature: .....

Parent/carer name (please print): .....

Date: .....



**Annex C**

**Record of medicine administered to an individual child / young person**

Name of Child / young person: .....

Date medicine provided by parent: .....

Class: .....

Quantity received: .....

Name and strength of medicine .....

Expiry Date: .....

Dose and frequency of medicine: .....

Quantity returned to parent: .....

Date returned to parent: .....

Staff Signature: .....

Signature of parent: .....

|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |



|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Date           |  |  |  |
| Time given     |  |  |  |
| Dose given     |  |  |  |
| Staff name     |  |  |  |
| Staff initials |  |  |  |



**Annex D:**

**Pupil medication request**

**School Name & Address:**

St Thomas of Canterbury Catholic Primary School, Horseshoe Lane West, Merrow, Surrey GU1 2SX

**Child/young person's Name:** ..... **Class:**.....

**Parent / Carer's surname if different:** .....

**Home Address:** .....

.....

**Condition or Illness:** .....

**☎ Parent / Carer's Home:** .....

**☎ Work:** .....

**GP Name:** .....

**Location:** .....

**☎**.....

**Please tick the appropriate box:-**

My child will be responsible for the self-administration of medicines as directed below.

With supervision  Without supervision

I agree to members of staff administering medicines/providing treatment to my child as directed below.

**Signed:** ..... **Date:** ..... **Parent / Carer**

| Name of Medication | Dose | Frequency/times | Completion date of course if known | Expiry date of medicine. |
|--------------------|------|-----------------|------------------------------------|--------------------------|
|                    |      |                 |                                    |                          |
|                    |      |                 |                                    |                          |
|                    |      |                 |                                    |                          |



|  |  |
|--|--|
| Special instructions:  |  |
| Allergies:   |  |
| Other prescribed medicines child/young person takes at home: |  |

**NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.**

I agree to update information about the child’s medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

**PLEASE ENSURE YOU PROVIDE THE CORRECT SYRINGE OR MEASURING SPOON WITH ANY MEDICATION.**

**Parent / Carer**

**Signature:** ..... **Date:** .....

**Print Name:** .....

**School / Setting Representative Agreement:**

**Signature:** ..... **Date:** .....

**Print Name:** .....

**Position:** .....



**PUPIL MEDICATION RECORD**

Child's Name: ..... Date of Birth: .....

|    | Date | Time | Medicine Given | Dose | Signature |
|----|------|------|----------------|------|-----------|
| 1  |      |      |                |      |           |
| 2  |      |      |                |      |           |
| 3  |      |      |                |      |           |
| 4  |      |      |                |      |           |
| 5  |      |      |                |      |           |
| 6  |      |      |                |      |           |
| 7  |      |      |                |      |           |
| 8  |      |      |                |      |           |
| 9  |      |      |                |      |           |
| 10 |      |      |                |      |           |
| 11 |      |      |                |      |           |
| 12 |      |      |                |      |           |
| 13 |      |      |                |      |           |
| 14 |      |      |                |      |           |
| 15 |      |      |                |      |           |
| 16 |      |      |                |      |           |
| 17 |      |      |                |      |           |
| 18 |      |      |                |      |           |
| 19 |      |      |                |      |           |
| 20 |      |      |                |      |           |