Appendix A: Individual Medical Plan

Oakdene Primary School
Headteacher: Lynsey Young
SENDCo: Caroline Hughes

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to Child	
Phone No. (Work)	
(Home)	
(Mobile)	
Name	
Relationship to Child	
Phone no. (Work)	
(Home)	
(Mobile)	
Clinic/Hospital Contact	
Name	
Phone No.	
G.P.	
Name	
Phone No.	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc	
Name of medication, dose, method of administration, when to be taken, side	

effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips, etc	
Other Information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency *(state if different for off-site activities)*	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

Model Letter Inviting Parents to Contribute to Individual Medical Plan

Dear Parent

AN INDIVIDUAL MEDICAL PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Medical Plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual Medical Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Medical Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Please complete the enclosed documents and return them to school, as soon as possible. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Should you wish to have a meeting in school to discuss your child's Individual Medical Plan, just let me know. It is also possible to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting.

I look forward to hearing from you soon.

Yours sincerely

A Moulsdale

School Business Manager

Appendix B: Parental/Carer Agreement to Administer a Prescribed Medicine

Oakdene Primary School
Headteacher: Lynsey Young
SENDCo: Caroline Hughes

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name	
Child's date of birth	
Class	
Name of medicine	
I confirm that this medicine has been administered previously with no adverse effect.	YES / NO
Strength of medicine	
Special storage instructions?	
How much (dose) to be given. For example: **One tablet** **One 5ml spoonful**	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

	Yes	

I give permission for my son/daughter to administer their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis **[delete as appropriate].**	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Authorised to be administered in accordance with policy, by	Alison Moulsdale
Signature	
Date	

Appendix C: Parental/Carer Agreement to Administer an 'Over the Counter' (OTC) Medicine

Oakdene Primary School
Headteacher: Lynsey Young
SENDCo: Caroline Hughes

- All over the counter (OTC) medicines must be in the original container with the PIL.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
I confirm that this medicine has been administered previously with no adverse effect.	YES / NO
Strength of medicine	
Special storage instructions?	
How much (dose) to be given. For example: 1 tablet**,** 5ml	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Details of any similar medications taken in the last 24 hours.	

	Yes	

I confirm that approval has been given by the child's GP to take this medicine concurrently with their prescription medication.	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. 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 no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- **I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.**
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Authorised to be administered in accordance with policy, by	Alison Moulsdale
Signature	
Date	

Appendix E: Record of Medicine Administered to an Individual Child

Oakdene Primary School
Headteacher: Lynsey Young
SENDCo: Caroline Hughes

Child's Name	
REFERENCE NUMBER	
Name of Medicine	
Date Medicine provided by Parent	
Expiry Date	
Date medicine returned to parent	
OR date taken to pharmacy for disposal	

Date	Time Given	Dose Given	Given By	Witnessed by	Reason Not Given

Date	Time Given	Dose Given	Given By	Witnessed by	Reason Not Given

Appendix E: Staff Training Record – Administration of Medicines

Oakdene Primary School
Headteacher: Lynsey Young
SENDCO: Caroline Hughes

Name	
Type of Training Received	
Date of Training Completed	
Training provided by	
Profession and Title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's Signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

Appendix F: Medication Fridge Temperature Recording Sheet (Daily Records)

Date	Time	Fridge Temp °C (Range 2-8°C)	Action taken if outside of Temperature Range	Signature of Employee Recording Temperature