



# Administration of Medicine Policy

Med 01

Reviewed by FM in Nov 18 | Next Review Date: Dec 19

**This is a whole School Policy including Prep, Pre-Prep, EYFS, After School Care and Holiday Club**

## Aim

1. This policy is to ensure safe storage and administration of medication to pupils.

## Introduction

2. Abberley Hall has a strict procedure for administering medication of any type and must be adhered to by all members of staff. This procedure must be read by all members of staff and is available to all parents and pupils via the website.

3. Abberley Hall recognises that many pupils will at some time need to take medication at school. Whilst parents of day children and part boarders, retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and we will do all that is reasonably practicable to safeguard and promote children's welfare. All staff in the school have a duty to make sure that pupils in their care are healthy and safe and this might extend to administering medicine or taking action in an emergency (e.g. administering an Adrenaline Auto-injector).

4. The Senior School Nurse in Charge at Abberley Hall is Miss Mackay and is a trained registered nurse. The School Nurse or her staff are on duty throughout the day and available at night to look after the medical needs of the day pupils (aged 3 - 13 years old), part boarders and boarders.

5. The School Nurse in Charge is trained to ensure the safe administration of both 'Prescription Only' and 'Over the Counter' (OTC) medications. The protocols are agreed, understood and accepted by staff, and known to pupils and parents. These are displayed on the website.

## Responsibilities

6. The School Nurse in Charge takes responsibility for the administration of medicines at all times. After 7.30pm medicines may be administered in the Girls' Boarding House by Miss Ryan or her Deputy.

7. Where necessary the School Nurse in Charge will ensure that procedures are understood and adhered to, that training is provided and that there is effective communication and consultation with Parents, Children and Health Professionals concerning pupils' medical needs.

8. Mrs Clarke, Mrs Parker and Miss Ryan (Girls' Housemistress) assist the School Nurse in Charge in her duties, provide cover where necessary and are allowed to administer non prescribed medication under the "Administration of Over the Counter Medications" protocol (see **Appendix 2**): In the absence of the School Nurse they are permitted to administer medication (e.g. antibiotics) which has been prescribed by a doctor for a specific pupil providing the parent has signed consent for this and they follow the "Administration of Prescription Medication" protocol (see **Appendix 1**).

9. However, all the staff will have available to them:

- a. Advice and information on common childhood illnesses and conditions.
- b. Basic First Aid advice to ensure that they feel confident to deal with minor everyday injuries.
- c. Specific training relevant to certain pupils e.g. Anaphylaxis training.
- d. Specific information and details regarding particular conditions that may apply to a member of the class for which they have charge.

### **Admission Records**

10. On admission of any pupil to the school, all parents/guardians will be required to provide medical information giving full details of:

- a. Medical Conditions
- b. Allergies
- c. Regular Medication
- d. Emergency Contact Numbers
- e. Name of Family Doctor/consultants
- f. Special Requirements (e.g. dietary)

11. Parents of EYFS and Pre-prep pupils will need to fill in the yellow forms:

- a. Abberley Hall Pre-Prep and Nursery Medical Information Form (**Appendix 7**)
- b. In Loco Parentis Form (**Appendix 6**)

12. Parents of Main School Children will need to fill in the yellow forms:

- a. Abberley Hall Certificate of Health (**Appendix 8**)
- b. In Loco Parentis Form (**Appendix 6**)

### **Administration of Medication**

13. All EYFS staff at Abberley Hall must obtain prior written permission (consent) from parents for each and every medicine before any medication is given to a child 0 - 5 years of age (see **Appendix 5**).

14. The above complies with EYFS Statutory Framework and Ofsted guidelines:

- a. These records are to be kept for one term.
- b. All medication is kept, administered and recorded in accordance with Abberley Hall Administration of Medicines Policy Document.
- c. All medication will be administered by the Senior School Nurse or her deputy.

### **Medication and off site visits**

15. Abberley Hall encourages all pupils to participate in educational visits and therefore makes allowance for children with medical needs to participate fully and safely by making



reasonable adjustments.

16. Wherever possible, medication is not administered but where it needs to be the “Over the Counter Medication protocol” (see **Appendix 2**) and “Administration of Prescription Medication protocol” (see **Appendix 1**) are followed.

17. All drugs administered should be noted down on the ‘Record of Administration of Medication to an Individual Child’. **This form must be returned to the School Nurse in Charge (Miss Mackay) at the end of the trip, so the central records can be updated.**

### **Over the Counter (OTC) Medications.**

18. These are available from the School Nurse for day children, part boarders and boarders as well as staff. Parents sign the In Loco Parentis Form (available on the Abberley Hall website), when their child arrives at the school thereby giving permission to administer “Over the Counter remedies” to their child, until the child leaves the school or consent is withdrawn (see **Appendix 6**). Medications are administered in accordance with the Administration of over the Counter Medication Protocol (see **Appendix 2**).

### **Vitamin Pills or Complementary Medicines** (see **Appendix 4 Blue Form**)

19. Parents may also want to supply Vitamin Pills or Complementary Medicines for administration to their children. Medication should be detailed in the blue form ‘Request to Administer Vitamin Pills or Complementary Medicines’ (**Appendix 4** available on the Abberley Hall website). Parents will be responsible for replenishing stocks of medicines and the consent to administer the medication will run until the child leaves the school, or consent is withdrawn.

- a. This form should be completed and handed to the School Nurse (or school secretary, should the nurse be unavailable at that time) when the pupil arrives at school with the medication to be administered.
- b. Staff must sign and date the Request to Administer Vitamin Pills or Complementary Medicine Form’ to show receipt of medication (see **Appendix 4**).
- c. Medicines are kept securely in a locked cupboard in the medical room at all times, and named clearly.
- d. These are issued to pupils under a “Administration of Over the Counter Medication Protocol” (see **Appendix 2**).

### **Prescribed Medications** (see **Appendix 3 Pink Forms**)

20. Parents of day children, part boarders and boarders not registered with the school doctor, will be asked to complete the ‘Request to Administer Medication Form’ at the start of every academic year, for any long term repeat prescription medication such as Asthma Inhalers. A separate form must be completed for each medicine.

21. The form ends with the statement ‘**The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with school policy. I will inform the school in writing of any changes to the above information.**’



22. The same form will also need to be filled in for **one-off** courses of prescription medication, like a course of Antibiotics.

- a. Prescribed medication should be handed to the School Nurse in Charge (or School Secretary, should the nurse be unavailable at that time) when the pupil arrives at school with a completed 'Request to Administer Medication Form', by the parent explaining clearly when and how the medication should be administered.
- b. Staff must sign and date the Request to Administer Medication Form' to show receipt of the medication.
- c. Medications are kept securely in a locked cupboard, or in the fridge if required, in the medical room at all times.
- d. Medication prescribed by a doctor should be administered according to the instructions on the individual medication and **only given to the named pupil to whom it has been prescribed.**
- e. Must stay in their original container that should be childproof. The original dispensing label must not be altered.
- f. Medication for use in urgent situations, for example antibiotics, must be prescribed individually for each pupil as and when required by their own doctor. Should this pupil be a Part Boarder and their parents are away then they can be seen by the GP covering the school (Dr Watson & Partners Great Witley Surgery).
- g. Prescription medications are not kept as stock at Abberley Hall School.
- h. Medications issued in foreign countries will not be accepted for administration.

### **Self-administration of Medication**

23. No pupil is to self-administer as the majority of the pupils at Abberley Hall are less than 12 years of age.

24. The exception to this rule is in the case of asthmatics with inhalers and adrenaline auto-injector users. Asthmatics are taught how to use these correctly and effectively and may use their inhaler in the absence of the School Nurse in Charge as directed and in the case of an emergency. They are to report any emergency usage to the School Nurse in Charge on her return (see **Asthma Policy**).

### **Administration of Prescribed and Non-prescribed Medication by Unqualified Staff and Boarding Parents**

25. The designated, appropriately trained person for the administration and management of medicines in the boarding house is Miss Ryan. Staff who take trips off-site, overseas (ie, South Africa and The School Chalet) and who are to administer medication, attend an appropriate course which includes training in administration of medication in schools. This highlights issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought. Files of all relevant medical information for the individual children travelling are provided by the School Nurse in Charge (Miss Mackay) prior to travelling.

26. During school hours the School Nurse in Charge (Miss Mackay) is responsible for administering prescribed and non-prescribed medication.

27. Should the School Nurse in Charge be unavailable (attending to an injury/off site on a



course) Mrs Clarke and Mrs Parker are designated staff who are permitted to administer medication following the protocols and with parental consent.

### **Administration to Save a Life**

28. In the event of an anaphylactic reaction (considered an extreme emergency) the administration of adrenaline by injection (1:2000) can be given or supplied without the direction of a medical practitioner or there being a PGD (patient group directive), for the purpose of saving life.

29. The administration of adrenaline by injection (1:2000) is among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

30. In accordance with guidelines where there is a written protocol for dealing with an emergency, it must be ensured that any medicines listed in the protocol are available.

### **Recording and Monitoring of Records**

#### **31. Records of Medication administered.**

a. Records should be properly completed, legible and current. They should provide a complete audit trail for all medications.

b. The School Nurse in Charge/designated person (in the case of boarders) should have an up to date reference of all current prescribed medication.

c. **ALL** medicines brought into school (including to the boarding house) should be recorded for each pupil including Vitamin Pills and Complementary Medicines (see **Appendix**).

d. The Medicine Administration Record (MAR) Chart (see **Appendix 10**) includes:

- (1) Name of pupil.
- (2) Date of receipt.
- (3) Name, strength and dosage of drug.
- (4) Quantity of the drug.
- (5) Signature of the member of staff receiving the drug.

e. This document should be kept for all drugs administered (including Over the Counter Medication) and be retained for 15 years after the last entry.

32. A record is kept of medicines sent home or on school trips with the pupil (see **Appendix 10**).

33. The School Nurse in Charge should be informed if a pupil refuses to take any medication. She will inform the pupil's parents and the Headmaster.

34. Signatures are kept of every person who administers medication. The records are returned to the School Nurse in Charge, so that the central record can be updated.

35. **Medical records required/provided by parents of pupils at Abberley Hall. See Admission Records.**

### **Disposal of medicines**

36. Any unused /expired medicines are returned to the pupil's parent to dispose of by



returning it to Great Witley Surgery.

37. If unused medicines are returned to the school's medical centre from the boarding house, a record is kept of the date of return, name of the pupil and the name, strength and quantity of the medication.

38. The name and signature of staff returning the medication should be obtained.

39. If a pupil has left the school medication is taken to Great Witley Surgery for disposal.

### **Controlled drugs**

40. Good practice dictates that that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulation (1973 as amended).

41. A secure, lockable cupboard should be used which contains nothing else.

42. Only those with authorised access should hold the keys to the cupboard.

43. Separate records for the administration of controlled drugs should be kept in an appropriate, bound record book with numbered pages.

44. The balance remaining should be checked at each administration and monthly.

45. There should be a clear protocol for the disposal of unused controlled drugs which should be returned to Great Witley Surgery.

### **Useful References**

46. The National Minimum Standards for Boarding Schools, DfE, available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416186/20150319\\_nms\\_bs\\_standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416186/20150319_nms_bs_standards.pdf)

47. Supporting Pupils at School with Medical Conditions, DfE, available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277100/Supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions\\_consultation\\_document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277100/Supporting_pupils_at_school_with_medical_conditions_consultation_document.pdf)

**The Board of Governors will be monitoring compliance with this policy.**

**Signed:** .....  
**Headmaster**  
**Will Lockett**  
**Date: 14 December 2018**

**Signed:** .....  
**Governor (Safeguarding)**  
**Catharine Hope**  
**Date: 14 December 2018**

**This is a whole School Policy including the Prep, Pre-Prep, EYFS, After School Care and Holiday Club**



## Appendix 1

### The Protocol for the Administration of Prescribed Medication

1. A **Request to Administer Medication Form** must be filled in by the parent/guardian when medication is delivered to the school office/School Nurse in Charge. Copies of this form are available from the school office or on the website.
2. Medicines should always be provided in the original container dispensed by a pharmacist and include the prescriber's instructions.
3. Check the name/identity of the pupil.
4. Check the name of the medication and that the administration sheet matches the label on the drug. If this identification cannot be achieved the medication **must not** be administered.
5. Check the prescribed dose.
6. Check the method of administration.
7. Check the time/frequency of administration.
8. Check the expiry date.
9. Check the written instructions provided by the prescriber on the label or container.
10. After administering the medication immediately sign/initial the administration sheet (**Appendix 10**).
11. If a child refuses to take medicine, staff should not force them but should note this in the records and inform his/her parent by phone on the same day. If a refusal to take medicines results in an emergency, the school emergency procedures should be followed.
12. If a pupil reacts adversely to the medication an ambulance is to be called and School Nurse in Charge and parents informed immediately.
13. If an error in the drug administration occurs immediately report this to the School Nurse in Charge and the pupil's parents and take appropriate action.

#### **Side effects:**

14. Drugs can cause side effects in some people.
15. If a pupil or member of staff experiences side effects to a medication do not give any further doses until instructed to do so by the doctor.
16. A medical incident form should be completed (see **Appendix 9**).
17. **If a serious reaction occurs medical attention should be sought immediately. Call 999.**

#### **Medicines given in error:**

18. If an error is made with any medication advice must be sought immediately.
19. Contact the School Nurse in Charge who will in turn contact the school doctor (Dr Watson and Partners at Great Witley Surgery. **Tel: 01299 896788**).
20. If at night contact NHS Direct on **Tel: 111**
21. A medical incident form should be completed explaining the error and any action taken (see **Appendix 9**).



## Appendix 2

### The Protocol for Administration of 'Over The Counter' Medication

1. The **In Loco Parentis Form** must be filled in by the parent/guardian when the child starts at Abberley Hall School.
2. Medicines should always be provided in the original container and include the instructions.
3. Check the name/identity of the pupil.
4. Check the name of the medication and that the administration sheet matches the label on the drug. If this identification cannot be achieved the medication **must not** be administered.
5. Check the prescribed dose.
6. Check the method of administration.
7. Check the time/frequency of administration.
8. Check the expiry date.
9. Check the written instructions provided by the prescriber on the label or container.
10. After administering the medication immediately sign/initial the record of administration sheet (**see Appendix 10**).
11. If a child refuses to take medicine, staff should not force them to do so but should note this in the records and inform his/her parent by phone on the same day. If a refusal to take medicines results in an emergency, the school emergency procedures should be followed.
12. If a pupil reacts adversely to the medication an ambulance is to be called and School Nurse in Charge and parents informed immediately.
13. If an error in the drug administration occurs immediately report this to the School Nurse in Charge and the pupil's parents and take appropriate action.

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15. If a pupil experiences side effects to a medication, do not give any further doses until instructed to do so by the doctor.
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20. If at night contact NHS Direct on **Tel: 111**
21. A medical incident form should be completed explaining the error and any action taken (see **Appendix 9**).



## ABBERLEY HALL

### Request to Administer Medication

Please note that the School cannot administer any medication whose Active Ingredients and Directions For Use are not written in English.

Name of Parent: .....

Name of Pupil: .....

#### Details of Medication

Name of Medication: .....

Details of Medication Dosage: .....

Storage: .....

Administration Method: .....

Times to be given: .....

Any other instructions: .....

Name of Doctor prescribing medication: .....

Address: .....

Telephone No: .....

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

Signed: .....

(Parent or Guardian)

Date: .....

## ABBERLEY HALL

### Request to Administer Vitamin Pills or Complementary Medicines

Please note that the School cannot administer any vitamin pills or complementary medication whose Active Ingredients and Directions for Use are not written in English.

Name of Parent: .....

Name of Pupil: .....

#### Details of Medication

Name of Medication: .....

Details of Medication Dosage: .....

Storage: .....

Administration Method: .....

Times to be given: .....

Any other instructions: .....

Address: .....

Telephone No: .....

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information, (further forms can be downloaded off the school website). Replenishing of stocks of Vitamin Pills or Complementary Medicines will be the responsibility of the Parent. Out of date medication will be disposed of by the School Nurse in accordance with the Administration of Medication procedure.

Signed: .....  
(Parent or Guardian)

Date: .....

**ABBERLEY HALL  
PRE-PREP, NURSERY AND AFTER SCHOOL CARE**

**M E D I C A T I O N F O R M**

We will not give your child medicine unless you complete and sign this form.

Date: .....

Name of child: .....

Details of medication to be given:

Name of medication (as described on the container)

.....

How long will your child take this medication? .....

Full directions for use:

Date to be given	Time to be given	Dosage & method	Given by	Witnessed by	To be signed by parent at end of each day of medication
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Notes: (eg special precautions, side effects, any reactions etc)

.....

I .....(PRINT NAME)

Give my permission for a member of staff to administer the above medication on the date/s shown only.

I understand that I must deliver the medicine personally to my child's class teacher and accept that this is a service which Abberley Hall is not obliged to undertake.

Signed: .....

## Abberley Hall In Loco Parentis Form

In the event of medical emergency parents will always be informed. If parents cannot be contacted, it is essential for the Headmaster to be able to act in loco parentis.

I .....parent or guardian of .....

agree that in an emergency the Headmaster or his deputy may act in loco parentis for the above-named child.

I give my permission for the above named child to undergo medical/dental/optical treatment as deemed necessary by the medical matrons.

First aid and homely medicines may be given as required by the medical matrons, **except** the ones I have initialled (see list below).

This statement remains valid until either your child leaves the school, or you withdraw consent.

Signed: .....

Date.....

The list below are the 'over-the-counter' medicines used at Abberley Hall. Please initial the medicines you **DO NOT** wish the above-named child to have administered.

<b>Analgesics: general</b> Paracetamol suspension Calpol fast melts Neurofen melts Neurofen syrup	<b>Analgesics: topical</b> Deep heat rub and spray Hirudoid cream Hirudoid gel Arnica cream Disposable ice pack dressing	<b>Antiseptic</b> TCP liquid Mycil Athletes foot powder Surgical spirit Distilled witch hazel Betadine dry powder	<b>Cream</b> E45 White soft paraffin Aqueous cream
<b>Mouth</b> Liquid Anbesol Oil of cloves	<b>Antihistamine</b> Piriton Syrup Piriton tablets		<b>Nausea</b> Milk of Magnesia
<b>Burns</b> Reliburn gel Burn Free	<b>Antiseptic cream</b> Savlon	<b>Eyes</b> Saline eye pods Broline	<b>Verrucas</b> Bazuka gel
<b>Dressings</b> Jelonet Inadine Opsite	<b>Cough</b> Glycerin lemon and honey	<b>Decongestant</b> Olbas Oil Karvol capsules Vicks Vapour Rub Menthol crystals	<b>Travel</b> Stugeron 15 mg
<b>Ears</b> Cerumol ear drops			<b>Throat lozenges</b> Kaysils throat lozenge

**Abberley Hall Pre-prep & Nursery  
Worcestershire WR6 6DD**

**Medical Information**

**Please complete this medical questionnaire as fully as possible adding extra information if necessary. This will enable us to gain an accurate and comprehensive profile of your child. Any information given will be treated with confidence. The school has a non selective entry procedure in accordance with the Special Educational Needs and Disability Act (SENDA) 2001.**

Name of child.....

Date of Birth.....

Parents'/Guardian's names:  
.....

Address.....  
.....

Telephone Number: Home..... Work.....

Mobile Numbers: .....

Name of GP: .....

Address of GP: .....

Telephone Number of GP: .....

Name of Health Visitor .....

Telephone Number: .....

Please enclose copy of the Schedule of Growing Skills (SOGSII). This would have been handed to you by the HV at your child's two year check.

Did the pregnancy proceed normally? .....

If so, by how many weeks? .....

Was the birth uncomplicated? .....

If not, please give details. ....

Does your child have a hearing impairment? .....

Does your child wear hearing aids? .....

Has your child shown any symptoms that may suggest they have had periods of impaired hearing? .....

Does your child have grommets? .....

If 'yes', when were they implanted? .....

When was the last time your child had their ears tested? .....

Has your child suffered from ear infections? .....

If so, when ..... How often .....

Please give details: .....

Does your child have difficulty pronouncing some sounds in words? .....

.....

Are/were they slow to develop speech? .....

At what age did they begin to talk? .....

Is your child a messy or fussy eater? .....

Does your child have any food allergies? .....

If 'yes', please give details: .....

.....

Has your child been seen by a Speech and Language therapist? .....

If so, who were they seen by? .....

When were they last seen? .....

What are the details of any ongoing therapy, (please enclose the latest report) : .

.....

Does your child wear spectacles? .....

If so, why .....

Does your child wear an eye patch? .....

Does your child have a squint? .....

Has or will this be corrected? .....

Did your child achieve the normal developmental milestones ie sitting up, crawling, and walking?

.....  
.....

Has your child been assessed by an Occupational Therapist? .....

If yes, please provide further information: .....

.....

Does your child experience any of the following:

Asthma: .....

Hayfever: .....

Allergies: .....

Heart disease: .....

Respiratory difficulties: .....

Gastric disorders: .....

Has your child ever undergone surgery? .....

Please give further details regarding any of the above if relevant if necessary.

If 'yes', please give details: .....

.....

Would you describe your child as having complex medical needs that will need attention whilst they are at school? .....

If 'yes', please give details: .....

.....

.....

Do you give consent for the School to share your child's medical details within an emergency care setting?

.....

Signature of Parent/Guardian.....

Date .....

### Abberley Hall Certificate of Health

Name of Pupil.....

Date Of Birth .....

CHILDHOOD DISEASES

Dates:

Chicken Pox            YES/NO            .....

Measles                YES/NO            .....

German Measles      YES/NO            .....

Asthma                YES/NO            .....

Hay Fever            YES/NO            .....

IMMUNISATIONS

Measles only         YES/NO            .....

MMR                   YES/NO            .....

Whooping Cough    YES/NO            .....

Diphtheria           1.....2.....3.....Booster.....

Tetanus               1.....2.....3.....Booster.....

Polio                  1.....2.....3.....Booster.....

Meningitis C        YES/NO            .....

HIB                    YES/NO            .....

BCG                    YES/NO            .....

Has He/ She had any operations?      YES/NO

If Yes, Please give details .....

.....

Has He/ She any allergies (Drugs, Food, Stings etc.).....

Is He/ She on any medication? If so what.....

Does He/ She have poor bladder or bowel control?.....

Does He/ She wet the bed?.....

Are you aware of any problems in infancy- late walking, talking etc?

.....

Does He/ She have serious difficulty in learning to read and write?.....

.....

Is there a family history of illness which may have a bearing on His/ Her health?

If Yes, please give details:.....

.....

Do you consider Him/ Her fit to take part in normal school games and activities?

.....

Has He/ She suffered from ear disease? If Yes, please give details:.....

.....

Does He/ She wear glasses? If Yes, please give date of last eye examination.....

Is He/ She under any medical treatment? If Yes, please give details:.....

.....

Is there any further information you consider relevant?.....

.....

Is He/ She covered by private medical insurance? YES/NO

Will He/ She join the School BUPA Scheme?.....

In cases where a second medical opinion is requested, should He/ She be treated as a private patient? YES/NO

Name of Home Doctor.....Tel No.....

Address .....Child's NHS Number .....

Do you give consent for the School to share your child's medical details within an emergency care setting? YES/NO

Signature of Parent/ Guardian..... Date.....

Address.....

Tel Nos: Home.....Work..... Mobile.....

**Abberley Hall School**  
**Medical Incident Form.**

**Person completing the form**

Name .....

Job Title.....

Contact Number:.....

Address.....

.....

Signature .....

Date .....

**Person Affected By the Incident:**

Name.....

Day/Part Boarder/Boarder .....

Visitor.....

**Details of the Incident:**

Type of incident:

Medicine given in error .....

Adverse reaction to medication.....

Experiencing known side effects of medication.....

Near Miss.....

**Severity of Incident:**

Mild .....

Medium.....

Severe.....

Details of the Incident:

.....

.....

Actions taken at the time of the Incident:

.....

.....



**A) Record of Administration of Medication to an Individual Child.**

As Written into the daily Medicine Log.

Date	Name of Child	Time Given	Medication Given	Dose Given	Reason	Any Reactions	Sig. Of Staff

**B) Record of Medication Administered to an Individual Child**

As updated in the individual Pupils medical records.

<p>Name of Child:</p> <p>Date medicine provided by parent:</p> <p>Name and Strength of medicine:</p> <p>Expiry Date:</p> <p>Date and Frequency of medication:</p> <p>Quantity returned:</p>
---

Date Given	Time Given	Medication Given	Dose Given	Reason	Any Reactions	Signature



**OVER THE COUNTER MEDICATION**

<u>DRUG</u>	<u>MAXIMUM DOSE</u>	<u>CONTRA-INDICATED</u> <u>IN</u>	<u>USE</u>
<b><u>Analgesics General</u></b>			
Paracetamol suspension (120mg/5ml Paracetamol, E218, E216, E1520, E420, sucrose)	6-24 mths: 5ml 2-4 yrs: 7.5ml 4-8 yrs: 10ml 8-10 yrs: 15ml 10-12 yrs: 20ml Over 12 yrs: 20ml Max 4 Doses in 24 hrs.	Liver and kidney disease or history of paracetamol allergy.	For relieving pain and reducing a fever.
Calpol Fastmelts Six Plus (Paracetamol)	6-9yrs 1 tab up to 4 per day. 9-12 yrs 2 tabs up to 4 per day. 12-16 yrs 2-3 tabs up to 4 per da	Liver and kidney disease or history of paracetamol allergy.	For relieving pain and reducing a fever
<b><u>Ibuprofen</u></b> Neurofen Meltlets (Ibuprofen)	Adults & over 12yrs 1 or 2 tabs 3x per day. No more than 6 in 24 hrs	Not to be given to asthmatics unless agreed by their parents	For pain and anti-inflammatory properties. e.g. Period pain, tooth ache, sprains and strains in sports injuries.
Nurofen for Children (For use 3 months to 12 yrs).	1-4 yrs 5ml 3x per day 4-7yrs 7.5ml 3x per day 7+yrs 10ml x3 per day.	Not to be given to asthmatics unless agreed by their parents	For pain and anti-inflammatory properties.
<b><u>Topical Analgesics</u></b>			
Deep Heat Rub	5 + Years: Apply 2-3x a day	External use only on unbroken skin. Do not use if allergic to Aspirin, Ibuprofen or NSAIDS.	For backache, chil-blains, bruises, sprains + minor sports injuries.
Deep Heat Spray	5+ Years: Apply up to 3x a day.	External use only on unbroken skin. Do not use if allergic to Aspirin, Ibuprofen or NSAIDS.	For relief of pain in muscle, tendons, joints bones, sprains or strains.
Hirudoid Gel Hirudoid Cream	5+ Years. Apply 2-6 inches of gel, up to 4x a day.	External use only on unbroken skin. Do not use if allergic to Heparinoid.	Local anticoagulant preparation relieves pain & inflammation promotes healing in bruising.
Arnica (Arnica cream)		External use only on unbroken skin.	A topical herbal Remedy used in Bruising
Disposable Ice Pack		If opened contains Ammonium Nitrate	Instant cold compress for sports injuries.
<b><u>Antiseptic</u></b>			
TCP liquid	<u>Gargle:</u> 2 per day. Dilute 1 in 5 parts water. <u>Mouth Ulcers:</u> dab 3 per day. <u>Cuts/grazes/bites/stings:</u> Dilute 1:1 with water. <u>Boils/Spots/Pimples:</u> Dab undiluted 4 hourly.	Allergic skin conditions	For use in treatment of sore throats, mouth ulcers, cuts, grazes, bites, stings, boils, spots and pimples.
Distilled Witch Hazel	N/A	If sensitive to Distilled Witch Hazel	For the relief of cuts, sprains, bruises and minor scalds.
Opsite vapour Permeable Spray Dressing.	Not for use under 18 months.	Avoid inhalation and avoid contact with eyes and fabrics	For use in cleaning dry surgical wounds or surface wounds.



Savlon 1 <sup>st</sup> Aid Wash	Spray on affected area and reapply up to 2 or 3 times a day.	Do not use if wound is weeping or allergic to Savlon.	Treatment for minor wounds such as cuts, grazes, bites, spots and minor burns.
<b><u>Antiseptic Cream</u></b> Savlon Cream	N/A	Do not use on eyes or ears, or if allergic to Savlon.	Topical application for the treatment of cuts and abrasions.
<b><u>Anti-Fungal</u></b> Mycil Athlete's Foot Spray/powder	Powder – 2 per day. Cream - 2 per day.	Do not use on broken skin or if allergic to Mycil.	For use in the treatment of Athlete's Foot
<b><u>Anti histamines</u></b> Piriton syrup.	1-2 yrs: 2 x 2.5ml 2-6 yrs: 6 x 2.5ml 6-12 yrs: 6 x 5ml 12 +: 12 x 5ml Adult: 12 x 5ml	May cause drowsiness.	For allergic reactions e.g. hay fever, skin allergies, food allergies, insect bites and relieves itching in chicken pox.
Piriton Tablets 4mg	Not for under 6 yr olds. 6-12 yrs: 6 x ½ tablets in 24 hrs. 12+and Adult: 6x tablets in 24 hrs.	May cause drowsiness.	For allergic reactions e.g. hay fever, skin allergies, food allergies, insect bites and relieves itching in chicken pox.
Tablet form (4mg chlorphenamine maleate/tablet –	Not for under 6 yr olds. 6-12 yrs: 6 x ½ tablets in 24 hrs. 12+and Adult: 6x tablets in 24 hrs.	May cause drowsiness.	For allergic reactions e.g. hay fever, skin allergies, food allergies, insect bites and relieves itching in chicken pox.
<b><u>Antihistamine Cream</u></b> Anthisan	2 or 3 x per day for 3 days.	Do not use on broken skin, Eczema or sunburnt skin.	Topical application for rashes, bites, stings and nettle rash.
<b><u>Cough Syrups</u></b> Glycerine, lemon & honey.	1- 12 yrs: 1-5mls every 4 hours Over 12 yrs: 10 mls every 4 hrs	Do not give to children under 1 year old. Contains glucose, be aware for diabetics.	For coughs
Sudafed Decongestant Liquid	Not for use under 6 yrs. 6-12 yrs: 5mls every 4-6 hours. 12+ yrs & adult: 10ml up to 4 a day.		For relief of congestion; for short term use.
Benylin Chesty Non-drowsy	6-12 yrs: 5ml, up to 4 per day. 12+ and adult: 2x5ml, up to x 4 per	Contains 3.49g Glucose per dose, be aware for diabetics.	For the relief of chesty coughs.
<b><u>Decongestants</u></b> Olbas Oil	<b><u>As an inhalant:</u></b> Adult and child over 2: Add 2 or 3 drops to a Tissue and inhale the vapours. <b><u>As a rub:</u></b> 12+ and adult: Massage into painful area x3 Per day.	Do not use if allergic to Olbas Oil. Do not put drops into mouth or nose  Do not use on broken skin. Do not put drops into mouth or nose	For inhalation to relieve cold and flu symptoms. Can also be used as a topical rub.
Vicks Vapour Rub	2+ years only. Rub lightly on chest and Back.	External use only. Not for inhalation use for children.	For relief of congestion.
Menthol Crystals	Add a few crystals to a small bowl of water,	Menthol Crystals are an irritant when in contact with skin. Avoid contact with eyes and skin.	For relief of congestion.
<b><u>Travel Sickness</u></b> Stugeron (15mg Cinnarizine/tablet)	5-12 yrs take 1 tab 3 per day. 12+ yrs: Take 1 tablet 2 hrs before travel, take 1 further ½ tablet, every 8 hours as required.	May cause drowsiness.	Treatment for travel sickness



<b>Burns</b> Reliburn Gel	1 sachet; seek medical attention		Treatment of burns.
<b>Dressings</b> Jelonet- Paraffin Gauze Dressing			Treatment of abrasions, burns and other injuries of the Skin.
Inadine PVP-1 Non adherent dressing	Change of colour indicates when dressing is ready to be changed.	Do not use if allergic to Iodine, before or after radio-iodine. Kidney problems or Duhruy's herpetiform dermatitis.	For use on superficial wounds, even if infected.
Opsite Semi-permeable Adhesive Film Dressings		Do not use if allergic to adhesive.	Waterproof dressing that prevents bacterial contamination of the wound.
<b>Ears</b> Cerumol Ear Drops	5 Drops in ear x2 per day For 3 days.	DO NOT USE IF ALLERGIC TO NUTS, as contains peanut oil.	For the treatment and loosening of ear wax.
<b>Eyes</b> Saline Eye Pods		Not for injection.	For washing cleaning wounds, burns and irrigating eyes.
Broline	1 or 2 drops x 4 times per day.	Not for use with contact lenses.	For the treatment of minor eye infections.
<b>Mouth</b> Liquid Anbesol	x2 applications up to x8 times a day.	Do not use if allergic to Anbesol.	Temporary relief of pain for mouth ulcers & teething.
Oil of Cloves	Apply on cotton wool directly onto tooth cavity.	Do not use if sensitive to Clove Oil or Eugenol or if gums are damaged.	For the temporary relief of toothache
<b>Throat Lozenge</b> Kaysils Throat Lozenges		Contains glucose, be aware for diabetics.	For the relief of sore throats.
Kaysils Menthol Eucalyptus		Contains glucose, be aware for diabetics	For the relief of sore throats
Kaysils Extra Strong Lozenge		Contains glucose, be aware for diabetics	For the relief of sore throats
<b>Verrucas</b> Bazuka Gel (extra strength)	1 or 2 drops, once every night.	Do not use if sensitive to any of the ingredients.	For the treatment of Verrucas, warts, corns and calluses.
<b>Indigestion</b> Magnesium Trisilicate Mixture	Not for use under 5 yrs old. 5-12 yrs: x1 –x2, 5ml x3 times a day. 12+ yrs: x2 - x4, 5ml x3 times a day.	Do not use if allergic to MTM. Reduced stomach acid can result in high alkali in blood resulting in low level of calcium or phosphate.	For symptomatic relief of indigestion, Heartburn and dyspepsia,
<b>Bach Rescue Remedy</b>	2 sprays on tongue.		Support at times of emotional distress.



# MEDICATION FORM

NAME OF CHILD .....

Name and details of medication (as described on the container)

.....

How long will your child take this medicine?.....

Full directions for use.

Dates to be given	Times to be given	Dosage & method	Amount given	Signed by whom administered	Running total

Notes (side effects, precautions etc)

I ..... give permission for a member of staff to administer the above medication on the date/s shown.

Signed..... Date.....