****

***We are all part of God’s vine and are rooted in His rich soil. We are nurtured and supported so that we may grow and spread out into the world to love and to serve.***

***I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit.*** John 15:5

**Goring C.E. Primary School**

**MEDICAL CONDITIONS POLICY**

**Policy Approved by the Special Needs Governor on** …6 July 2022

**Signed** ………………………………………………….. **Chair of Governing Body**

**Review Date** …July 2023

**To conform with the requirements of GDPR (General Data Protection Regulation) all data is handled according to the terms of our Privacy Notice. A copy of this is available on our school website.**

At Goring C.E. Primary School we are an inclusive community that aims to support and welcome pupils with medical conditions and offer them the same opportunities as other children at this school.

**We will help to ensure that this is possible through the following:**

* This school ensures all staff understand their duty of care to children and young people in the event of an emergency.
* All members of staff feel confident in knowing what to do in an emergency.
* This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood.
* This school understands the importance of medication being taken as prescribed.
* All staff understand the common medical conditions that affect children at Goring C.E. School and the school allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
* Staff receive additional training concerning any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).
1. **Goring C.E. School is an inclusive community that aims to support and welcome pupils with medical conditions.**
2. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.
3. This school aims to provide all children with medical conditions the same opportunities as others at school.
4. Pupils with medical conditions are encouraged, where possible, to take control of their condition.
5. This school aims to include all pupils with medical conditions in all school activities.
6. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
7. The school has a consistent approach towards the care of children with medical conditions.
8. The school ensures all members of staff understand their duty of care to children and young people in the event of an emergency.
9. All staff have access to information about what to do in an emergency.
10. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood.
11. All members of staff have an understanding of the common medical conditions that may affect children at this school. The Headteacher is responsible for ensuring that staffs receive annual updates. The School Nursing Service can provide the updates if the school requests.
12. The medical conditions policy is understood and followed by the whole school.
13. **The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.**
14. Parents/carers are informed about the medical conditions policy and that information about a child’s medical condition will be shared with the school nurse:
* by signposting access to the policy;
* at the start of the school year when communication is sent out about IHPs;
* when their child is enrolled as a new pupil.

1. School staff are informed and regularly reminded about the school’s medical conditions policy:
* through staff meetings;
* through scheduled medical conditions updates;
* all supply and temporary staff are informed of the policy and their responsibilities including any medical needs or IHPs related to the children in their care and how to respond in emergencies;
* staff are made aware of IHPs as they relate to their class.
1. **Relevant members of staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.**
2. Staff are aware of the most common serious medical conditions at this school.
3. Staff at this school understand their duty of care to pupils during the school day, in the event of an emergency. In an emergency situation school staff are required, under common law duty of care, to act like any reasonably prudent parent/carer. This may include administering medication.
4. Staff receive updates at least once a year for medical needs and know how to act in an emergency. Additional training is prioritised for staff members who work with children who have specific medical conditions supported by an IHP.
5. The action required for staff to take in an emergency, for the common serious conditions at this school, is displayed in prominent locations for all staff.
6. This school uses IHPs to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
7. This school has procedures in place so that a copy of the pupil’s IHP is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
8. **The school has clear guidance on the administration of medication at school.**
9. **Administration – Emergency Medication**
	1. This school will seek to ensure that pupils with medical conditions have easy access to their emergency medication**.**
	2. This school will ensure that all pupils understand the arrangements for a member of staff to assist in helping them take their emergency medication safely.
10. **Administration – General**
	1. This school understands the importance of medication being taken as prescribed.
	2. All use of medication is carried out under the appropriate supervision of a member of staff.
	3. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
	4. All staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
	5. Parents/carers at this school understand that if their child’s medication changes or is discontinued, or the dose or administration method changes, they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
	6. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
11. **Use of ‘over the counter’ (i.e., non-prescription) medications**
	1. This school does not store or administer non-prescription medications.
12. **This school has clear guidance on the storage of medication at school.**
	1. In this school we follow the recommendations of the Oxfordshire Health and Safety guidelines and DfE guidance ‘Supporting Pupils at School with Medical Conditions’ (2014)
	2. An up-to-date list of children taking prescribed drugs (e.g., for asthma or diabetes) will be circulated to staff. Parents must notify in writing if any medicines need to be taken during school hours. Teachers may administer prescription medicines if parents have completed the required form, but this is up to the individual teacher.
	3. It is the parents’ responsibility to ensure safe administration of medicines during school hours.
	4. No other medicines should be kept in school.
	5. Prescription medicines will be kept either in the staffroom fridge or a locked cupboard in the medical room, except for asthma inhalers, which will be kept by the class teacher and easily accessible by users.
	6. In certain cases, prescribed emergency medicines (e.g., for anaphylactic shock) may be kept on the school premises. These are to be kept in specifically allocated places, out of children's reach and are to be administered by named, trained staff only. Details of these medicines and their location are kept in the staff room and the office. Supply teachers are informed of this.

**Safe Disposal**

1. Parents/carers at this school are asked to collect out-of-date prescribed medication.
2. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least once a year and is always documented.
3. **This school has clear guidance about record-keeping for pupils with medical conditions.**

**Enrolment Forms**

1. Parents/carers at this school are asked if their child has any medical conditions.
2. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents/carers to complete.

**Individual Health Plans**

1. This school uses an IHP for children with complex health needs to record important details about the individual children’s medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the IHP if required.
2. Complex health needs may generate an IHP, accompanied by an explanation of why and how it is used. It is sent to all parents/carers of pupils with a complex health need:
* at the start of the school year;
* at enrolment;
* when a diagnosis is first communicated to the school;
* transition discussions;
* new diagnosis.
1. It is the parents’/carers’ responsibility to fill in the IHP and return the completed form to the school.
2. When a member of staff is new to a pupil group, for example due to staff absence, the school ensures that they are made aware of the IHPs and needs of the pupils in their care.
3. This school ensures that all staff protect pupils’ confidentiality.
4. This school informs parents/carers that the IHP would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the IHP.
5. The information in the IHP will remain confidential unless needed in an emergency.

**Use of Individual Health Plans**

IHPs are used by this school to:

* inform the appropriate staff about the individual needs of a pupil with a complex health need in their care;
* identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers;
* ensure that this school’s emergency care services have a timely and accurate summary of a pupil’s current medical management and healthcare in an emergency.

**Consent to Administer Medicines**

1. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child’s medication plan, giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.
2. All parents/carers of pupils with a complex health need, who may require medication in an emergency, are asked to provide consent on the IHP for staff to administer medication.

**Residential Visit/School Trips**

Goring C.E. School makes arrangements for the inclusion of all pupils on school trips by considering what reasonable adjustments are made to enable children with medical needs to participate fully and safely on visits. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. Consultation with parents and pupils and advice from relevant healthcare professionals takes place to ensure that pupils can participate safely.

1. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil’s current condition and their overall health. This provides essential information to relevant staff to help them manage the pupil’s condition whilst they are away. This includes information about medication not normally taken during school hours.
2. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil’s IHP.
3. All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
4. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. A copy of the IHP and equipment/medication must be taken on off-site activities.

**Sporting Activities/Physical Education**

* 1. All teachers are aware of how a child’s medical condition will impact on their participation in sporting activities and physical education.
	2. There is enough flexibility in sporting activities and physical education for all children to participate according to their own abilities and with any reasonable adjustments.
	3. Goring C.E. School makes appropriate arrangements for the inclusion of all pupils in sporting activities and physical education, ensuring that any required adjustments are made, unless there is evidence from a clinician such as a GP, stating that this is not possible.

**Record of Awareness-raising Updates and Training**

1. This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.
2. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a school nurse. The school keeps a register of staff who have had the relevant training; it is the school’s responsibility to arrange this.
3. **This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

**Physical Environment**

1. This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
2. The school communicates with outside professionals, such as Occupational Therapists to make suitable adaptions where necessary.

**Social Interactions**

1. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities.
2. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities.
3. **Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.**
4. This school works in partnership with all interested and relevant parties, including the school’s governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
5. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.
6. **Medical Needs**
	1. Should a child be medically unfit to attend school, Goring Church of England Primary School will refer to the OCC Medical Needs Policy: <https://schools.oxfordshire.gov.uk/cms/schoolsnews/occ-medical-needs-policy-2022>

**Governors**

*Have a responsibility to:*

* ensure the health and safety of their staff and pupils;
* ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually;
* make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated;
* ensure that the school has robust systems for dealing with medical emergencies and critical incidents, at any time when pupils are on site or on out of school activities.

**Headteacher**

*Has a responsibility to:*

* ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks;
* ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors;
* ensure every aspect of the policy is maintained;
* monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders;
* report back to governors about implementation of the health and safety and medical conditions policy;
* ensure through consultation with the governors that the policy is adopted and put into action.

**All School Staff and Support Staff**

*Have a responsibility to:*

* be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
* call an ambulance in an emergency;
* understand the school’s medical conditions policy;
* know which pupils in their care have a complex health need and be familiar with the content of the pupil’s IHP;
* know the school’s registered first-aiders and where assistance can be sought in the event of a medical emergency;
* maintain effective communication with parents/carers, including informing them if their child has been unwell at school;
* ensure pupils who need medication have it when they go on a school visit or out of the classroom;
* be aware of pupils with medical conditions who may be experiencing bullying or need extra social support;
* understand the common medical conditions and the impact these can have on pupils;
* ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in;
* ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed;
* follow universal hygiene procedures if handling body fluids.

**Teaching Staff**

*Have an additional responsibility to:*

* be aware that medical conditions can affect a pupil’s learning and provide extra help when pupils need it, in liaison with the SENCO;
* liaise with parents/carers and SENCO if a child is falling behind with their work because of their condition;
* use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

**School Nurse or Healthcare Professional**

*Has a responsibility to:*

* help provide regular updates for school staff in managing the most common medical conditions at school at the schools request;
* provide information about where the school can access other specialist training;
* update the IHPs in liaison with appropriate school staff and parents/carers.

**Parents/Carers**

*Have a responsibility to:*

* tell the school if their child has a medical condition or complex health need;
* ensure the school has a complete and up-to-date IHP if their child has a complex health need;
* inform the school about the medication their child requires during school hours;
* inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities;
* tell the school about any changes to their child’s medication, what they take, when, and how much;
* inform the school of any changes to their child’s condition;
* ensure their child’s medication and medical devices are labelled with their child’s full name;
* ensure that the school has full emergency contact details for them;
* provide the school with appropriate spare medication labelled with their child’s name;
* ensure that their child’s medication is within expiry dates;
* if the child has complex health needs, ensure their child has a written IHP for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition;
* have completed/signed all relevant documentation including and the IHP if appropriate.
1. **The medical conditions policy is regularly reviewed evaluated and updated.**
* This school’s medical conditions policy is reviewed, evaluated and updated in line with the school’s policy review timeline.

**Ongoing Communication and Review of Individual Health Plans**

* Parents/carers at this school are regularly reminded to update their child’s IHP if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. Each IHP will have a review date.

**Storage and Access to Individual Health Plans**

* Parents/carers at this school are provided with a copy of the pupil's current agreed IHP.
* IHPs are kept in a secure central location at school.

Apart from the central copy, specified members of staff securely hold copies of pupils’ IHPs. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

1. **Acceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child’s IHP, 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, or ignore medical evidence or opinion, (although this 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 IHPs;
* if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
* penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
* 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs; or
* 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 to accompany the child).

|  |
| --- |
| School Logo (Black & White)**Goring C of E School** |
| **Individual Health Plan****For pupils with complex health needs at school** |
| Date form completed: |  |
| Date for review: |  |
| **Reviewed by** | **Date***(dd/mm/yyyy)* | **Changes to Individual****Health Plan** |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
| Copies held by: |  |

|  |
| --- |
| **1. Pupil’s Information** |
|  |
| Name of School: |  |
| Name of Pupil: |  |
| Class / Form |  |
| Date of Birth: | MaleFemale |
| **2. Contact Information** |
|  |
| Pupil’s Address | Postcode: |
| **Family Contact Information** |
| a. |  |
| Name: |  |
| Phone (Day): |  |
| Phone (Evening): |  |
| Mobile: |  |
| Relationship with Child: |  |
| b. | Name: |  |
| Phone (Day): |  |
| Phone (Evening): |  |
| Mobile: |  |
| Relationship with Child: |  |

|  |
| --- |
| **GP** |
|  |
| Name: |  |
| Phone: |  |
| **Specialist Contact** |
|  |
| Name: |  |
| Phone: |  |

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| --- |
| **Medical Condition Information** |
|  |
| **3. Details of Pupil’s Medical Conditions** |
| Signs and symptoms of thispupil’s condition: |  |
| Triggers or things that makethis pupil’s condition/s worse: |  |
| **4. Routine Healthcare Requirements*****(For example, dietary, therapy, nursing needs or before physical activity)*** |
| During school hours: |  |
| Outside school hours: |  |
| **5. What to Do in an Emergency** |
| Signs & Symptoms |  |
| In an emergency, do the following: |  |
| **6. Emergency Medication*****(Please complete even if it is the same as regular medication)*** |
| Name / Type of medication (as described on the container): |  |
| How the medication is taken and the amount: |  |
| Are there any signs when medication should not be given? |  |
| Are there any side effects that the school needs to know about? |  |
| Is there any other follow-up care necessary? |  |
| Who should be notified?*(please tick box)* | Parents CarersSpecialist GP |
| **7. Regular Medication taken during School Hours** |
| Name/type of medication (As described on the container): |  |
| Dose and method of administration(The amount taken and howthe medication is taken, eg, tablets, inhaler, injection) |  |
| When it is taken (time of day)? |  |
| Are there any side effects that could affect this pupil at school? |  |
| Are there are any contraindications (signs when this medication should not be given)? |  |
| Self-administration: can the pupil administer the medication themselves? | Yes No Yes, with supervision by:  |
| Medication expiry date: |  |
| **8. Regular Medication Taken Outside of School Hours*****(For background information and to inform planning for residential trips )*** |
| Name/type of medication (as described on the container): |  |
| Are there any side effects that the school needs to know about that could affect school activities? |  |
| **9. Members of Staff Trained to Administer Medications for this Pupil** |
| Regular medication: |  |
| Emergency medication: |  |
| **10. Any Other Information Relating to the Pupil’s Healthcare in School?** |
|  |

|  |
| --- |
| **Parental Agreement** |
| I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. |
| Signed (Parent) |  |
| Print Name: |  |
| Date: |  |

|  |
| --- |
| **Permission for Emergency Medication** |
| I agree that my child can be administered their medication by a member of staff in an emergencyI agree that the school will make the necessary medication storage arrangements |
| Name of medication  |  |
| Signed (Parent) |  |
| Date |  |

|  |
| --- |
| **Headteacher Agreement** |
| It is agreed that *(name of Child):*will receive the above listed medication at the above listed time. will receive the above listed medication in an emergency.This arrangement will continue until:*(Either end date of course of medication or until instructed by the pupil’s parents/carers).* |
| Signed (Headteacher): |  |
| Print Name: |  |
| Date: |  |

**Goring Church of England Primary School**

**Wallingford Road, Goring, Reading, Berks RG8 OBG**

**Telephone & Fax: 01491 872289**

**Email: office.3803@goring.oxon.sch.uk**

**Headteacher Mrs Angela Wheatcroft B.A. (QTS)**

**The Individual Health Plan**

Dear Parent/Carer

Thank you for informing the school of your child’s medical condition.

As part of our school’s Medical Policy, we are asking all parents/carers of children with a complex health need to help us by completing an Individual Health Plan for their child. Please complete the plan enclosed and return it to me.

Your child’s completed plan will store helpful details about their medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child’s individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child’s medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

Thank you for your help.

Yours sincerely

Angela Wheatcroft

Headteacher

# School Logo (Black & White)Parental agreement for school to administer medicine

|  |  |
| --- | --- |
| Name of school | Goring C of E Primary School |
| Name of child |  |
| Date of birth |  |  |  |  |
| Class |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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

# School Logo (Black & White)Record of medicine administered to an individual child

|  |  |
| --- | --- |
| Name of school | Goring C of E Primary School |
| Name of child |  |
| Date medicine provided by parent |  |  |  |  |
| Class |  |
| Quantity received |  |
| Name and strength of medicine |  |
| Expiry date |  |  |  |  |
| Quantity returned |  |
| Dose and frequency of medicine |  |

Staff signature

Signature of parent

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

**Record of medicine administered to an individual child (Continued)**

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

# School Logo (Black & White)Record of medicine administered to all children

|  |  |
| --- | --- |
| Name of school | Goring C of E Primary School |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Child's name | Time | Name of medicine | Dose Given | Any reactions | Signature of staff | Print name |
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