NEWTON FARM NURSERY, INFANT AND JUNIOR SCHOOL

Supporting Pupils with Medical Conditions Policy

Policy Reviewed: January 2018
Date of the next Review: January 2019
Member of staff responsible: Zina Bourreza

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

- This policy should be read in conjunction with the following school policies:
  - Special Educational Needs and Disabilities/Inclusion
  - Disability Equality Scheme

This policy was developed to address the needs of our pupils with long and short term illnesses and will be reviewed annually.

United Nations Convention on Rights of the Child
In its Access to Education for Children with Medical Needs Policy, Newton Farm Nursery, Infant and Junior School is fully committed to recognising, respecting, promoting and implementing Children’s Rights as set out in the United Nations Convention on the Rights of the Child. As a Right Respecting School (RRS), we strive to place the Child’s Rights at the very heart of our policies and practices.

Definitions of Medical Needs
All children are likely to be absent from school occasionally. This policy also includes children with serious illnesses, which are likely to prevent the child from attending school for long periods of time. It is also likely that these children may be hospitalised for a given length of time. Pupils’ medical needs may be broadly summarised as being of two types

- **Short-term** affecting pupils participation at school, because they are on a course of medication for a specified period of time or to cure a given medical condition. These conditions may also involve the first aider and other Teaching Staff to carry out close
monitoring and interventions in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

The short term medical conditions for which medication is administered at school include:

1. Asthma inhalers
2. Epilepsy Midazolam
3. Eczema Other skin conditions
4. Food and drink allergies
5. Visual treatments for impairments
6. Hearing treatments for certain impairments
7. Penicillin allergies

**Types of medications used by First Aiders and / or C.T.As:**
- Creams
- Inhalers
- Epi-pens
- Midazelam

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition. Some children with medical conditions may be considered 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 (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

Here at Newton Farm, the Inclusion Manager will maintain a register of children who are defined as having long term illness. Education for such pupils, whose medical needs prevent them from attending school, will be provided in a variety of way. The Inclusion Manager will keep in close communication with the Education Welfare Officer, the Healthcare Providers and School Health Nurse as well as the parents, to ensure that the child's education continues to take place for as often and as is appropriate and as the medical need will permit. The Education in such circumstances will be delivered in one of the following provisions:

- Provision of hospital schooling
- Provision of home tuition
- Integrated hospital/home tuition

The following medical conditions are some of the needs that children may need to be medicated for during school hours and /or on off-site visits:

- **Asthma**
- **Diabetes**
- **Epilepsy**
- **Anaphylaxis**
- **ADD/ADHD**
Children who suffer from asthma need to be able to gain quick access to their inhalers (or spacers in the case of some younger children). An Individual Health Care Plan will be drawn up and parents must sign a consent form to acknowledge that an inhaler has been provided. Members of staff need to ensure that inhalers are taken on off-site visits. The parents must supply medication in a suitable container clearly labelled and in its original packaging.

**Roles and Responsibilities**

It is a requirement that each school has a named person, who leads on the implementation of the policy for children with medical needs. At Newton Farm, the two named people who with such a responsibility are Mr Bradley, Headteacher and Mrs Bourreza, the Inclusion Coordinator.

**Policy implementation**

The overall responsibility for the implementation of this policy is given to Mr Bradley, The Headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Deputy Headteacher will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable.

Ms Bourreza, Inclusion Manager will be responsible, in conjunction with parents/carers and Healthcare Provider as well School Health Nurse, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines of this policy upon taking up their post.

In addition, we can refer to the School Health and Paediatric Team at local and national hospitals for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs paediatricians and specialist doctors should notify the School Health Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy, glandular conditions…)

**Pupils (at KS 2)** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**Parents/carers** should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their
child has a medical condition. Parents are key partners and should be involved in the
development and review of their child's individual healthcare plan, and may be involved in its
drafting. They should carry out any action they have agreed to as part of its implementation,
eg provide medicines and equipment and ensure they or another nominated adult are
contactable at all times.

**Local authorities.** Under Section 10 of the Children Act 2004, they have a duty to promote
co-operation between relevant partners such as governing bodies of maintained schools,
clinical commissioning groups and NHS England, with a view to improving the well-being of
children with regard to their physical and mental health, and their education, training and
recreation. Where pupils would not receive a suitable education in a mainstream school
because of their health needs, the local authority has a duty to make other arrangements.
Statutory guidance for local authorities sets out that they should be ready to make
arrangements under this duty when it is clear that a child will be away from school for
15 days or more, because of health needs (whether consecutive or cumulative across the
year) education for children with health needs who cannot attend school.

It is also the Local Authorities (Harrow) duty to provide home schooling, where a child is
unable to attend school for 15 consecutive days due to illness, the child should receive a
minimum entitlement of 5 hours per week of off-site schooling.

**Providers of health services** should co-operate with schools that are supporting children with
medical conditions. They can provide valuable support, information, advice and guidance to
schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as
specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children
Act 2004 (as described above for local authorities). The local Health and Well-being Board
provides a forum for the local authority and CCGs to consider with other partners, including
locally elected representatives, how to strengthen links between education, health and care
settings.

**Local Authority’s Responsibility**

**Procedure to be followed when notification is received that a pupil has a medical
condition**

This covers notification prior to admission, procedures to cover transitional arrangements
between schools or alternative providers, and the process to be followed upon reintegration
after a period of absence or when pupils' needs change. For children being admitted to
Newton Farm Nursery, Infant and Junior School for the first time, with good notification
given, the arrangements will be in place for the start of the relevant school term. In other
cases, such as a new diagnosis or a child moving to Newton Farm Nursery Infant and Junior
School mid-term, we will make every effort to ensure that arrangements are put in place as
quickly as possible.

In making the arrangements, we will take into account that many of the medical conditions
that require support at school will affect quality of life and may be life-threatening. We also
acknowledge that some may 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. We aim to ensure that parents/carers and pupils can have confidence in our
ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils’ medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, and/or in supporting activities, and not prevent them from doing so. We 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. We will make sure that in line with Equal Opportunity Policy and where applicable and permissible, no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. **However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.**

Newton Farm Nursery, Infant and Junior School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion and/or judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by The Interim Headteacher, Mrs Buttar and/or the Deputy Head, Mrs Radia and following these discussion an individual healthcare plan may be written in conjunction with the parent/carers by The Inclusion Leader, and be put in place.

**Individual healthcare plans**

**Individual healthcare plans** will help to ensure that Newton Farm Nursery, Infant and Junior Schools effectively support 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, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate

Newton Farm Nursery, Infant and Junior School will ensure that individual healthcare plans are reviewed as frequently as the reviewed plan that are issued by a Healthcare Professional and/or CCG, as and when 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 Newton Farm School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
a. The medical condition, its triggers, signs, symptoms and treatments;

b. 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 eg crowded corridors, travel time between lessons;

c. Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

d. 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;

e. 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;

f. Who in the school needs to be aware of the child's condition and the support required;

g. Arrangements for written permission from parents/carer and the Headteacher, Mrs Bhakoo, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

h. 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 eg, risk assessment;

i. Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and

j. What to do in an emergency, including whom to contact, and contingency arrangements. some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.
Staff training and support

School first aiders (full certificate) are Mrs Hunt, and 20 other Teaching Assistants, who speak a number of languages, to facilitate communication in the various mother tongues spoken by our pupils.

Paediatric First Aiders:
School Health and Paediatric Nurse of Harrow.
Named people for administering medicines:
Class TA and / Enhance Provision Provider, in case the named First Aider in unavailable.

All staff, who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Mrs Bhakoo, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever (at KS 2) possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. Newton Farm Infant and Junior School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
Managing medicines on school premises and record keeping

At Newton Farm Nursery, Infant and Junior School the following procedures are to be followed:

a. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;

b. No child should be given prescription medicines without their parents written consent (see template B)

c. With parental written consent, we will administer prescription medicines except aspirin or containing aspirin except prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed;

d. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

e. Name of school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather that its original container;

f. All medicines will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, by Mrs Hunt, the School’s First Aider and Mrs Jefferies, the School’s Bursar.

g. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the child's name.

h. During school trips the first aid trained members of staff will carry all medical devices and medicines required;

i. A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;

j. Staff administering medicines should do so in accordance with the prescriber's instructions. Newton Farm Nursery, Infant and Junior 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 school should be noted. 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;

k. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

**Emergency procedures**

Mr Bradley, Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare 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 needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

**Day trips and sporting activities**

We will actively support pupils with medical condition to participate in day trips and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

**Unacceptable practice**

Although staff at Newton Farm Nursery, Infant and Junior School should use their discretion and judge each case on its merit with reference to the child’s individual healthcare plan, it is not generally acceptable practice to:

a. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

b. Assume that every child with the same condition requires the same treatment;

c. Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
d. 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;

e. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;

f. Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;

g. Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

h. Require parents\carers, 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

i. Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Complaints

Should parents\carers be unhappy with any aspect of their child’s care at Newton Farm Nursery, Infant and Junior Schools, they must discuss their concerns with the school. This will be with the child’s class teacher and The Inclusion Manager in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Newton Farm’s Nursery, Infant and Junior Schools Complaints Procedures.
Annex A: Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child’s medical support needs; and identifies member of school staff who will provide support to pupil

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided

School staff training needs identified

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate
Template A: individual healthcare plan

Name of school/setting
Child’s name
Group/class/form
Date of birth
Child’s address
Medical diagnosis or condition
Date
Review date

Family Contact Information
Name
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, contraindications, 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
**Template B: parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

<table>
<thead>
<tr>
<th>Date for review to be initiated by</th>
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<tbody>
<tr>
<td>Name of school/setting</td>
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<td>Name of child</td>
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<td>Date of birth</td>
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<tr>
<td>Group/class/form</td>
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<td>Medical condition or illness</td>
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**Medicine**

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<th>Name/type of medicine</th>
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<td><em>as described on the container</em></td>
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<td>Expiry date</td>
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<td>Dosage and method</td>
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<td>Timing</td>
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<td>Special precautions/other instructions</td>
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<td>Are there any side effects that the school/setting needs to know about?</td>
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<td>Self-administration – y/n</td>
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<td>Procedures to take in an emergency</td>
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**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

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<tr>
<th>Name</th>
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<td>Daytime telephone no.</td>
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<td>Relationship to child</td>
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<td>Address</td>
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<td>I understand that I must deliver the medicine personally to</td>
<td>[agreed member of staff]</td>
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Template C: record of medicine administered to an individual child

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<th>Details</th>
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<td>Name of child</td>
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<td>Date medicine provided by parent</td>
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<td>Group/class/form</td>
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<td>Quantity received</td>
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<td>Name and strength of medicine</td>
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<td>Expiry date</td>
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<td>Quantity returned</td>
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<td>Dose and frequency of medicine</td>
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<td>Staff signature</td>
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<td>Signature of parent</td>
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C: Record of medicine administered to an individual child (Continued)

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<th>Dose given</th>
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