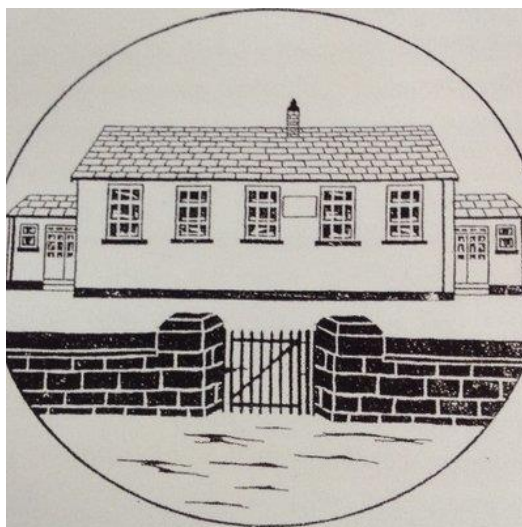


# CREAVERY PRIMARY SCHOOL



## ADMINISTERING MEDICATION FORMS

**Form 1**

**Healthcare Plan for a Pupil with Medical Needs**

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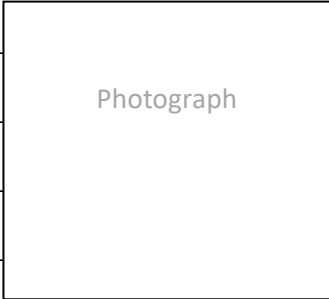
Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Class/Form

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

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**Family Contact 1**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship

\_\_\_\_\_

**Family Contract 2**

Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship

\_\_\_\_\_

**Clinic/Hospital Contact**

Name

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Phone No.

---

G.P.

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Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

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Daily care requirements, (e.g. before sport/at lunchtime):

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

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Follow up care:

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Who is responsible in an emergency: (State if different on off-site activities)

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Form copied to:

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**Form 2**

**Request by Parent for School to administer medication.**

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Form 2 for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

**Details of Pupil**

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Surname:

\_\_\_\_\_

Forename(s)

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Condition or illness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication**

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Name/ Type of medication (as described on the container)

\_\_\_\_\_

\_\_\_\_\_

For how long will your child take this medication:

\_\_\_\_\_

\_\_\_\_\_

Date dispensed: \_\_\_\_\_

Full direction for use:

\_\_\_\_\_

\_\_\_\_\_

Dosage and method:

\_\_\_\_\_

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration:

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Procedures to take in an Emergency:

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**Contact Details**

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Name:

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Daytime Telephone No:

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Relationship to Pupil:

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Address:

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I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil:

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### Form 3

#### **School's agreement to administer medication.**

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Form 3 for schools to complete and send to parent if they agree to administer medication to a named child.

I agree that (name of child) will receive (quantity and name of medicine) every day at (time medicine to be administered e.g. lunchtime or afternoon break). (Name of child) will be given/ supervised whilst he/she take their medication by (name of member of staff). This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)

**Form 4**

**Staff training record-administration of medical treatment**

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**Example of form for recording medical training for staff**

Name:

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Type of training received:

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Date training completed:

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Training provided by:

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I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date:

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## Form 5

### Emergency Planning

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#### Request for an Ambulance to:

Dial 999, ask for ambulance and be ready with the following information.

1. School telephone number– **028 9446 6915**
2. School name, address and postcode:

**Creavery Primary School,**

**38 Thornhill Road**

**ANTRIM**

**BT41 2LH**

3. Give exact location in the school (insert brief description)

**The school is on the Thornhill Road which is the road just on your right heading to Ballymena after the Dunsilly roundabout. Go approximately 1.5 miles down this road and the school is on the left.**

4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to



# **USEFUL CONTACTS - CREAVERY P.S.**



## **SUPPORTING PUPILS WITH MEDICAL AND ASSOCIATED NEEDS**

### **LOCAL CONTACT NUMBERS :**

**School** - Creavery P.S.

**Associate Principal** – Terry McMaster - 028 9446 6915

**Authorised First-Aiders** – Diana Saunderson- 028 9446 6915

**S.E.N.C.O.** – Judith Brown- 028 9446 6915

**School Nurse** – Mary Kennedy 028 944 13969

### **Education Authority**

**S.E.N. Section** – Kirsty Creese 028 9031 7777

**Educational Psychology** – Fiona Lynas

**Health and Safety** – Andrew Crossan 077 3974 3333

### **Northern Health and Social Care Trust**

**School Nurse** Mary Kennedy 028 944 13969

**Local Hospital** Antrim Hospital Tel: (028) 9442 4000

**School Health Service** Antrim Health Centre Tel 028 9441 3969