

Hampton Court House

# Administration of Medicines

Last Updated: 01 August 2025 Next Review: 01 August 2026

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## Introduction

This policy has been drawn up with reference to the DFE's Guidance on First Aid for Schools and the Statutory Framework for the Early Years Foundation Stage.

Legally schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. However, wherever possible, it is the school's policy to assist children and parents by administering medicines in school time.

# Responsibilities

The Senior Leadership Team (SLT) is responsible for developing the Administration of Medicine Policy and for devising detailed procedures.

Parents are responsible for ensuring that their child is well enough to attend school and will be responsible for collecting their child from school if he/she is too ill to attend. Parents are required to provide emergency contact details before each child starts attending the school and are responsible for updating this information as soon as there are any changes.

Parents are responsible for providing the school with sufficient information about their child's medical condition, including any dietary requirements, allergies and treatment or special care needed at school either for short-term or long-term needs and updating this when necessary.

The Senior Leadership Team is responsible for ensuring children with medical needs have the appropriate care plan in place. This task may be delegated to another staff member such as the Office staff, the child's Teacher or Teaching Assistant. See attached information for specific AAIs and asthma instructions.

A copy of the plan will be kept with the medication in a clearly named transparent plastic zip wallet. Another copy will be kept in the class orange medical file.

Children who have Adrenaline Auto Injectors (AAIs) and other lifesaving medication such as asthma reliever pumps will be asked to bring in two. One to be kept in the classroom, the other with the child in a pouch (supplied by parents) at all times.

The SLT are responsible for making staff aware of pupils with medical conditions and alerting them to the need for prompt action. A list with photos of all children with medical needs is stored securely by the Health & Wellbeing Team. A condensed version containing essential information is shared with teaching staff containing such information as food allergies etc. and is available internally via iSams in the medical and dietary information section.

A list of children with medical needs is compiled by the Deputy Head Pastoral (Delegated to the School Office Manager). A full list is to be discreetly displayed in the staff room, and a copy given to the appropriate Head of school section.

In the Lower years and EYFS Individual class lists will be kept in the medical file for each class along with any relevant Asthma or Allergy care plans. The class teacher must share this information with all staff who have contact with the child including sports coaches, music teachers and club leaders.

All pupil medication related information is kept secure within the school MIS and available for those staff who need to have access under Data Protection guidance.

There are occasions when the school must work closely with community partners such as Public Health England. If this is the case, parents will be informed of the procedure for children and families should this happen.

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# Administering medication

Only members of staff trained in the administration of medicine should give medicine to a pupil, ensuring that they adhere to the school's policy and procedures at all times. For pupils in the Prep school another member of staff must witness the administration. Both will sign the record to say the medication has been given. Pupils in the Senior school may act as a second signatory for their own medication as they are old enough to be deemed Fraser competent. No medication may be given to children in school without a signed consent form from the parents.

Medication prescribed by a doctor should be administered according to the instructions on the individual medication and **only given to the named pupil for whom it has been prescribed.** Medication should be kept in the original container which is clearly marked with the original dispensary label.

The law states that medicines can only be administered to a person in accordance with the directions of the prescriber. The dispensary label is a copy of the prescription and therefore the member of Staff's legal authority to administer the medication, as it contains the prescribers' instructions.

### No member of staff may administer medication if:

- The pharmacy label is not present
- The label is defaced of altered

If the administration of prescription medicines requires technical/medical knowledge, then individual training should be provided for staff from a qualified health professional. Training should be specific to the individual child concerned.

When the pharmacists label gives variable instructions, for example: Take one or two when required, an individual healthcare plan using the proforma given in the appendix should be agreed providing the following information:

- What is the medication for
- When to give one measure or when to give two
- When the last dose was given
- How often the dose should be repeated
- What is the maximum dose in a 24hr period

Parents will be informed on the same day, or as soon as reasonably practicable, when medication that is kept in the school for long term medical needs has been administered. The expiry dates of pupil's own medications which are kept in school are checked every half term by school staff.

All medications administered are to be recorded to provide a complete audit trail across the school.

Any unused prescribed medicines are to be returned to the parents for disposal.

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## **Controlled Medicines**

Sometimes a doctor may prescribe a pupil a medication which is controlled under the Misuse of Drugs Act 1971 and its associated amendments. These medicines are clearly marked with a **C** on their pharmacy label and require strict control and are kept under lock and key with specific control measures in place. These Medicines may only be administered by staff members holding current training in the administration of medication. A Controlled Medicines Book for the administration of controlled drugs is held in the school office and kept in a locked cabinet, in a locked room, together with all medicines for the use of the named recipient.

# Non-prescribed Medicines

Parents will have completed the school's Pupil Information Form (PIF) which includes a Medical Questionnaire, detailing any medical problems. Included in the form is a list of non-prescribed medicines which the school keeps a stock of. Parents then indicate which medicines they are happy for the First Aid trained staff to administer and sign their consent for these to be given.

Since the 2022/23 Academic year the only non-prescribed medicines the school will administer are:

Paracetamol Antihistamine

Medications can cause adverse reactions in some people. If a pupil has an adverse reaction to the medication, no further doses will be given, and the parents will be notified and advised to seek further medical advice. If a serious reaction occurs, medical attention should be sought immediately.

If an error is made with any medication, it must be recorded and reported immediately to the Principal, and the Deputy Head Pastoral. The parents must be notified. Medical advice must be sought by contacting 111 NHS helpline/emergency services.

# Safe Storage and Reporting

School stock, **non-prescribed** medicines are kept in the medicine cabinet located in the school reception and in the Early Years Staff room.

Medicines should be stored strictly in accordance with product instructions and in the original container.

# Early Years and Key Stage 1:

Parents and/or carers must ensure that HCH School is kept fully informed of any change in a child's physical and/or mental health. School records must be updated on the School Management Information System (iSams and Famly for pupils in the Early Years) and shared with relevant staff.

If a child is identified as having specific medical needs, the child's Key Person will discuss with the Head of Early Years, how the setting can meet those needs and an action plan will be drawn up. Where administration of any medicine requires medical or technical knowledge, paediatric trained staff in early years, will receive additional training.

Prescription medicine prescribed for a child by a doctor, dentist, nurse or pharmacist, and all procedure must be followed in accordance with this policy

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All medicines will be kept in a secure location in accordance with health and safety requirements.

Each class has a medical file containing accident/incident forms, blank 'head bump' letters, medication consent forms, medication record forms, children's medical issues, any care/crisis plans and list of children with medical needs.

Pupils own, **prescribed** medications will be kept in a locked metal cupboard in their classroom, or if required to be stored in the fridge, in the staffroom, except for adrenaline auto injectors and asthma inhalers which are kept in the child's classroom and on the child's person.

All medicines are kept in an individual plastic bag along with a copy of the parent consent form. The original parent consent form is kept in the child's class orange medication file and then collected and stored along with the accident/incident forms once the course of medicine is finished. All medicines should be clearly marked with the child's name and expiry date. They should include the prescriber's instructions for administration.

No medication may be given to children in school without a signed consent form from the parents, both for short-term as well as long-term medical needs. Medications administered are recorded to provide a complete audit trail for all medications. Any medication given in school will be administered All liquids will be administered by disposable cups. Staff administering medication will wear appropriate PPE, including gloves. In addition, the parent must sign in the first aid duplicate book on collection of the child.

# Prep and Senior School:

In the Prep and Senior school pupils move around to different classrooms with different teachers. This situation combined with their increased maturity means that, wherever appropriate, pupils are encouraged to take greater responsibility for their own medical treatment. However, before a pupil can self administer, a risk assessment must be undertaken to ascertain the risks involved to both the pupil and others.

Medications are stored in the school medical cabinet located in the main reception along with an inventory of current stock. This is updated every time a medication is administered, or stock replenished. A record will be added to iSAMS at the time of administration detailing the reason for the administration as well as details of dosage.

Whenever a child comes to school with a prescribed medication, the medicine must be accompanied by the relevant short term or long term consent forms on which a full record of administration will be kept.

If the school deems the pupil competent to safely manage their own prescription medication, then they will be granted permission to carry no more than is needed for the school day about their person.

# School Trips and Outings (see Educational Visits Policy)

#### Procedures for managing medicines on trips

The school encourages pupils with medical needs to participate in safely managed trips. The school will consider reasonable adjustments to enable all children to participate fully and safely on school trips. This might include a separate risk assessment for specific pupils.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. A copy of any health care plan will be taken on trips and all trips must have at least one member of staff who will be first aid trained. There must always be two members of staff involved in the administration and witnessing the administration of medicine.

### Managing medicines on trips and outings

If children are going on outings with complex needs, staff accompanying the children must include the class teacher for the child

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with a risk assessment, or a specifically named member of staff who should be fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box or wallet clearly labelled with the child's name and name of the medication. Inside the box/wallet is a copy of the medication book entry, with the details as given above

On returning to the setting, the class teacher signs the medication record book and returns any unused medication to the source, this may be the reception, the child's parent(s) or guardian(s).

If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication.

This procedure is to be read alongside the School Trips and Educational Visits Policy' and the specific trip risk assessment.

# Pupils Own Self Held Medicines

Before a pupil can self administer, a risk assessment must be undertaken to ascertain the risks involved to both the pupil and others. After discussion with parents, competent pupils with certain medical conditions, e.g. severe allergy, asthma, diabetes, epilepsy, cystic fibrosis, should be encouraged to take responsibility for keeping and self-administering their own medications, e.g. adrenaline, Ventolin, insulin. This risk assessment and discussion with parents will be for the basis of an Individual Health and Care Plan (IHCP).

Children who can administer their medication themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, the relevant staff should administer the inhaler and manage procedures for them. Self-held medication must be clearly marked with the pupil's name and kept securely in their bags or on their person and **NEVER** given to anyone else, even if they have the same symptoms.

#### **Staff**

Staff members taking medication of any kind, must ensure that your medication is never left in a place where a child may access it. Staff must not leave medication in a handbag or coat pocket in a classroom or corridor.

Medication may be safely left with the school office or locked cabinet within the staffroom and clearly marked with the individual's name. If your medication may affect your work or ability to care for children, please discuss this with the Deputy Head Pastoral or HR Manager.

Never give medication to children without referring to the School's Medication Policy.

A list of emergency contacts and medical issues will be kept for all School Staff.

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#### **MEDICAL EMERGENCIES**

- 1. Ensure patient is safe.
- 2. Ask Reception to locate a First Aider to attend the patient.
- 3. The First Aider must decide the next course of action.
- 4. NHS non-emergency advice DIAL 111.
- 5. If the patient's condition is serious DIAL 999.
- 6. Advise Deputy Head and/or the Principal.

You may need to give instructions on how to get to Hampton Court House School.

In cases where it is not possible to take the patient by car, for example a broken limb, severe head injury or transport is unavailable, DIAL 999 and ask for an ambulance stating exactly where you are and the nature of the injury. Ensure someone goes to the front of the school to direct the ambulance. This person should be wearing a high- vis vest.

### Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- 1. your telephone number
- 2. your name
- 3. your location as follows:

Hampton Court House Hampton Court Road East Molesey Surrey KT8 9BS

- 4. provide the exact location of the patient within the school setting
- 5. provide the name of the child and a brief description of their symptoms
- 6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

### **Pupils with Chronic or Complex Medical Needs, Conditions or Disabilities**

The School's Admissions Policy and Medical Form upon application considers students with chronic or complex medical needs, conditions or disabilities in accordance with DfE guidance:

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https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/306952/Statutory\_guidance\_on\_supporting\_pupils\_at\_school\_with\_medical\_conditions.pdf

#### Under Section 100 of the Children and Families Act 2014:

- This policy is available to potential students and their parents to encourage disclosure of medical information on application.
- On application, any special or physical needs disclosed will immediately be brought to the attention of the Principal for consideration.
- Parents are made aware that if due to non-disclosure of information adjustments cannot be made in a
  planned, proactive manner there is a risk that the school will not be able to accommodate their child
  safely.
- If appropriate the parents should meet with the Principal to consider the needs of the student and the expectations of the student and their parents. This will take place before the pupil is accepted.
- Following the meeting and assessment the school will decide if any reasonable adjustments need to be made to accommodate the student safely within the school.
- For students with chronic or complex medical needs, conditions or disabilities a risk assessment will be performed and reviewed at least annually.
- Students at the School will be properly supported so that they have full access to education, including school trips and education.
- The Principal will ensure that arrangements are in place to support students at school with medical conditions.
- The Principal and leadership team will consult with health and social care professionals, pupils and parents to ensure that the needs of the children are effectively supported.
- Protocols for students with medical needs (such as diabetes or epilepsy) can be found electronically in the pupils Medical Notes on iSams.

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### **List of Forms:**

- 1. School medical questionnaire
- 2a. Prep School over the counter medicine permission form
- 2b. Over the counter medicine permission form
- 3. Lower and Middle School Record of Administration
- 4. Short term (prescription) consent for
- 5. Long term (prescription) consent form

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#### **Dear Parents**

### **School Medication Policy**

Legally, schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. However, it is the school's policy to assist children and parents by administering medicines in school time wherever possible, by a first aider.

The school does impose certain conditions before it will administer medicine to the children in its care.

Parents must ensure that all medicines are clearly marked, with the name of the child, the dosage and times that the medicine should be administered all stated. In the case of prescription medicines, the original label with the child's name must be on the medication.

Parents must hand the medicine directly to the school reception along with the appropriate short or long term medication form.

After discussion with parents, competent pupils with certain medical conditions, e.g. severe allergy, asthma, diabetes, epilepsy, cystic fibrosis, should be encouraged to take responsibility for keeping and self-administering their own medications, e.g. adrenaline, Ventolin, insulin.

Parents are responsible for collecting the medicine from the School at the end of the day.

Parents must complete a medical consent form, giving permission for the medicine to be administered at the school. The completed form, along with the medication will be handed to the class teacher.

Yours sincerely,

Kate Vintiner Principal



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## **Pupil Information Form**

This information will be held by the School Office and shared with class teachers.

PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL AND WRITE N/A IN RESPONSE TO ANY QUESTION THAT DOES NOT APPLY.

1. Details of Pupil

1. Details of i	upii		
Pupil's Forename		Middle Name(s)	
Pupil's Surname			
Pupil's Preferred For	ename	Pupil's Preferred Sur	name
Address			Date of Birth (Proof to be provided
Gender		Nationality	
Ethnic Origin Code* *Required by Government: categories shown at end		Ethnicity	
Place of Birth		Country of Birth	

## 2. Primary Contact Details

- <b>J</b>	
In an emergency (eg unexpected school closure) we will contact both parents by phone or email.	
For day-to-day issues indicate if you prefer one person to be the primary contact	

3. Details of Parents (Each parent to complete one section)

Forename	
Previous/Other Names	
Parental Responsibility Yes / No	
Home Telephone	Mobile Telephone
Name/Address of place of work	
Forename	
	Previous/Other Name Parental Responsibility Home Telephone Name/Address of pla

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Surname		Previous/Other Nar	nes
Relationship to	Child	Parental Responsib	ility Yes / No
Home Address (	f different from child's main address		
Email Address		Home Telephone	Mobile Telephone
Email Address Occupation	Work Telephone	Home Telephone  Name/Address of pl	-

Details of any Other Person with Parental Responsibility and/or Guardian

Title Forename			
Surname		Previous/Other Nar	nes
Relationship to Child		Parental Responsib Guardianship Respo	
Homo Addross	If different from child's main address	`	
nome Address (	ir different from child's main address <sub>,</sub>	J	
Email Address	ir different from child's main address <sub>.</sub>	Home Telephone	Mobile Telephone
	Work Telephone		

## Details of Person(s) to whom Fees Invoice Should Be Sent Invoices are paid termly by Direct Debit (Go Cardless). 5.

Title		Forename		
Surname		Previous/Other Names		
Only complete the rest of this section if the details are different to those shown in Sections 2 or above				
Home Address (	If different from child's main address)			
Email Address		Home Telephone	Mobile Telephone	
Occupation	Work Telephone	Name/Address of p	lace of work	

#### Details of any childcare and emergency contacts 6.

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Nanny / Au Pair If applicable. (Please remember to update us with any changes)		
Title	Telephone	
Forename	Surname	
Other Emergency Contacts (Must live/work locally	y, show In order of priority	
Contact 1: Title	Name	
Telephone Number	Relationship to child	
Contact 2: Title	Name	
Telephone Number	Relationship to child	

**Details of Previous School/Setting** 7.

	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Name	Address
Telephone	Email Address

8. Sharing contact details with other families in the class

or sharing contact actains with	other families in the cia	.00
The parent class reps use this to circulate information. Please complete the section below with any contact details you want to shall		
Name(s)	Telephone Number(s)	
Email Address(es)	Home Address	
I agree to these details being shared with th	e class representatives.	Yes / No*

#### **Medical and SEND Details** 9.

Name of GP Surgery	NHS No.
Telephone:	
Address:	
Does your child suffer from asthma?	Yes / No
If yes: schools are allowed to keep a generic, low-dose inhaler which can be administered to a child in an emergency should their inhaler not be available, please indicate if you whether you are happy for this to happen:	Yes / No

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<b>Does your child have any allergies?</b> (If Yes, please provide details)	
Foods:	Yes / No
Insects:	Yes / No
Medicines:	Yes / No
Other:	Yes / No
Has your child had an allergic reaction needing medical care? If Yes please give details	Yes / No
Provide details of any health conditions/medical history/SEND Needs. HCH requires full disclosure of all conditions that could impact your child's teaching and learning. Failure to give appropriate details could lead to the withdrawal of the school place.	Yes / No
(i.e. epilepsy, dyslexia, diabetes, ASD and ADHD) Please specify:	
Does medication need to be kept in school? (If yes please fill in the long / short term medical form)	Yes / No
Name of medication:	
Are any family members affected by any medical conditions which may affect y child's learning? (i.e. autism, colour blindness, dyslexia, dyscalculia) Please give details:	Yes / No
Does your child have vision or hearing needs? Please specify:	Yes / No
If you have replied <b>Yes</b> to any of the questions above please complete the following section:	
a) Have you provided the appropriate medication to the School Office?	Yes / No
b) Have you provided written dosage instructions for any medication?	Yes / No
c) Have you provided clear instructions about how to administer any medication	Yes / No

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d) Have you provided information on handling possible situations	Yes / No / NA
(i.e. epileptic fit)  e) Have you supplied a health care plan if a medical condition applies	Yes / No / NA
Do you consent to school staff administering the following medication?	
We would always contact you regarding administering Calpol or Piriton  a) Paracetamol: painkiller for headaches/temperatures	Yes / No
b) Antihistamine: for apparent allergic reaction	Yes / No
c) Hypo-allergenic plasters: for cuts / grazes	Yes / No
Are/have any of the following professionals been involved with your child? f Yes, please give details below:	
Speech Therapy	Yes / No
Occupational Therapy	Yes / No
Educational Psychology	Yes / No
Statement / EHCP	Yes / No
Social Worker	Yes / No
f yes, Please give details	

# 10. Dietary Requirements

This information will be shared with kitchen staff

Food Allergies	
Please specify	
Food Intolerances	
Please specify*	
	*Please indicate if these foods cannot be given at all, or if they should be limited.
Vegetarian / Vegan	
_	
Any other food requirements	

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## 11. Other Issues

Religion / Faith / Belief Please specify		
Is special attire required for religious reasons? (including bangles)	Yes / No If Yes, please give details	
Are there any other special religious requirements? (e.g holidays)	Yes / No If Yes, please give details	
What is the child's main language?		
What languages are spoken as understood at home?	Parent 1:  Parent 2:  Child(ren):  Extended Family:	
What language did each parent speak to the child from birth?		Parent 2:
Names and dates of birth of an siblings		
Child's position in family (In relation to siblings)		
Other important people in the child's life		

**12.** Arrangements for collecting from school

Please indicate below who will collect your c	hild each day / how they will be leaving the premis
(e.g picked up, school bus, bus, train, walk home	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
-	

## Photograph and Video Permission

This relates to photographs and moving images of children appearing on the school's website, Facebook, social media sites and school marketing materials, or on materials produced by our proprietor, Dukes Education. The photographs are used to illustrate school life and children will only be identified by their first name next to their photographs, during the time they are at Hampton Court House and after they have left.

I agree to photographs and moving images of my child being used internally within Hampton Court House School (eg. in the weekly newsletter, in the class room and for celebration assemblies).	Yes / No*
I agree to photographs and moving images of my child being posted on the school website, social media sites and in marketing materials (eg photos/videos of activities, performances, school trips) and those of Dukes Education.  *If No, teachers will not include your child in class photos/videos taken at events or on school trips etc. that might be used in marketing materials.	Yes / No*

#### **14**. **Data Protection**

The School will process personal data about you and your child in accordance with the Data Protection Act (as amended or superseded, including from 25 May 2018 the UKGDPR) and other related legislation. This is explained in section 13 of our Terms and Conditions. Our Privacy Notice for Pupil Information can be found on our website:

I//we understand that by submitting this form we consent to the personal data we have supplied to Hampton Court House School relating to our child and about us as parents/persons with parental responsibility being processed by Hampton Court House School for the purposes of running the school.

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### 15. Off-site Permission

The School will take pupils off-site for curriculum based activities. These include;

- Swimming in Nursery, Reception, Year 1 and Year 2
- Early Years regularly visit Bushy Park
- Sports/Games lessons for Year 7 and above

**Note:** School Trips will be notified individually as they occur and specific permissions sought accordingly.

I//we understand that by submitting this form we consent to our child participating in curriculum based lessons that take place off the school site.

### 16. Declaration

Anyone who completed boxes 2, 3 and 4 must sign below.

I/We confirm that all information or circumstances about or relating to us and/or our child supplied in this Pupil Information Form is complete and accurate as at the date we sign this form. I/We agree to provide the School Office with up-to-date information as necessary.

	Signature	Full Name (please print)	Date
Parent 1			
Parent 2			
Parental Responsibility/ Guardian			
Person to receive invoice			

## Department of Education List of Ethnic Codes / Groups

WBRI	White, British	AIND	Indian
WIRI	White, Irish	APKN	Pakistani
WIRT	Traveller of Irish Heritage	ABAN	Bangladeshi
WOTW-EU	Any other White background, European Union	АОТН	Any other Asian Background
WOTW - NEU	Any other White background, Non European Union	BCRB	Black Caribbean
MWBC	Mixed, White and Black Caribbean	BAFR	Black African
MWBA	Mixed, White and Black African	ВОТН	Any other Black background
MWAS	Mixed White and Asian	CHNE	Chinese
МОТН	Mixed, any other mixed background	ООТН	Any other ethnic group

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**Medical Form 3** 

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# **Short Term Medication Consent Form**

I hereby consent to Hampton Court House School administering the following medication to my child in accordance with the school's Administration of Medicine policy.

Name of Child:		Class:	
Medical condition/illness:		Date:	
Name of Parent/Guardian:		Relationship Child:	to
Signature:			
Contact Number:			
Administration of Medicine:			
Medicine:			
	Expiry Date:		
Dosage:			
Qty handed over:			
Times to be Administered:			
Start Date:	End Date:		

Date	Time	Dosage	Name and Signature of First Aider	Name and Signature of Witness	<b>Qty</b> Remaining

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Date	Time	Dosage	Name and Signature of First Name and Signature of Witness	of Qty Remaining

## **Long Term Medication Consent Form**

I hereby consent to Hampton Court House School administering the following medication/s to my child in accordance with the school's Administration of Medicine 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.

Date:		
Name of Child:		Class:
Medical condition/illness:		
Parent/Guardian Name:		Signature:
Relationship to Child:		Contact Number:
Administration of Medicine/s:		
Self-Administration:	Yes/No	
If "Yes", do they need supervision?	Yes/No	
Medication:		
Expiry Date:		
Dosage:		
Times to be Administered:		
Medication:		
Expiry Date:		
Dosage:		
Times to be Administered:		
Medication:		
Expiry Date:		
Dosage:		
Times to be Administered:		
Medication:		
Expiry Date:		
Dosage:		
Times to be Administered:		

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Date	Time	Dosage	Name and Signature of First Name and Signature of Witness	<b>Qty</b> Remaining

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