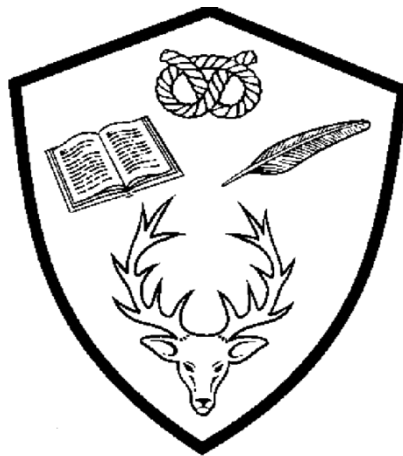


# **Chase Terrace Primary School**

## **Supporting pupils at school with medical conditions**

**2025/2026**

**(incorporating the school's Medicine Policy)**



Together we Learn  
Together we Aspire  
Together we Succeed

<b>Chase Terrace Primary School Supporting Pupils with Medical Conditions Policy</b>	
<b>Person Responsible:</b>	<b>Headteacher</b>
<b>Approval Body:</b>	<b>Chair of Governors (using Chair's Power to Act) Quality Of Education Committee October 2025</b>
<b>Date of approval:</b>	<b>Chair of Governors (using Chair's Power to Act) 26<sup>th</sup> September 2025 Quality Of Education Committee October 2025</b>
<b>Review date:</b>	<b>October 2026</b>

## **1 Introduction**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Board to make arrangements for supporting pupils at Chase Terrace Primary with medical conditions.

**Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission, or excluded from school on medical grounds alone.**

Teachers and school staff in charge of pupils have a common law duty to act in the place of the parent (in loco parentis) and may need to take swift action in an emergency. This duty also extends to teachers/adults leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication, and should supply the school with all the necessary information.

This policy will be reviewed regularly and will be readily accessible to Parents/Carers and Staff on our school website.

## **2 Background**

All schools must have a policy to make arrangements to support children with medical conditions and to be able to demonstrate that this is implemented effectively.

Pupils' medical needs may be broadly summarised as being of two types:

- **Short term** - affecting their participation in school activities because they are on a course of medication.
- **Long-term** - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, Chase Terrace Primary School will comply with their duties under that Act.

Some children may also have special educational needs (SEN) and may have an Education and Healthcare Plan (EHCP), which brings together health and social care needs, as well as their

special educational provision. For children with SEND (Special Educational Needs and/or Disability), this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice 2014.

If a child is deemed to have a long-term medical condition, the school aims to ensure that arrangements are in place to support them and that such children can access and enjoy the same opportunities at school as any other child.

The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school, in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. At Chase Terrace Primary School, we recognise that a first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the School Nurse, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.

### **Roles and Responsibilities** (as detailed in the statutory guidance)

#### **The Governing Body**

- **Should ensure that arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.** They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- **Should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials, as needed.

#### **The Headteacher**

- Should ensure that their school's policy is developed and effectively implemented.
- Should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Should ensure that all staff members who need to know are aware of the child's condition.
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Has the overall responsibility for the development of individual healthcare plans.

- Should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **School staff**

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **The School Nurse**

- Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

### **Other healthcare professionals, including GPs and paediatricians**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- May be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

### **Pupils with medical conditions (where appropriate for their age)**

- Are often best placed to provide information about how their condition affects them.
- 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.

## Parents

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- Should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Medicines must always be provided in the original container **as originally supplied by the manufacturer or pharmacist. This should be clearly marked with the young person's name, date of dispensing and the name of medication, and include instructions for administration.**

The label on the container must not be altered under any circumstances.

All medicines brought in to be administered by the setting, must show the following information:

- Young Person for whom medication is prescribed or purchased.
- Name and strength of the medicine.
- The dosage required to be administered
- The time of the required dose
- Expiry date of medicines and any special warnings or precautions

## Local Authorities

- Are commissioners of school nurses.
- 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 wellbeing of children with regard to their physical and mental health, and their education.
- Should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Should work with schools to support pupils with medical conditions to attend full time.
- Where a pupil would not receive 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, ensuring a good education for children who cannot attend school because of health needs, 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 school year).

## Procedures at Chase Terrace Primary School

Chase Terrace Primary may be notified that a child has a medical condition when he/she first joins the school, often at the start of Nursery or Reception; or at a later date, following a new diagnosis.

### **Starting at Chase Terrace Primary**

As part of the induction process, parent(s)/carer(s) are provided with a questionnaire to complete, by a member of the school administration team. This includes questions on their child's health and any long term or short term medical needs. If a long term medical need is identified, the parent will be asked to complete an Individual Health Care Plan (IHCP) for their child, in conjunction with any relevant medical professionals. They will meet with the SENCO, who has responsibility for over-seeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

### **Pupil receiving a new diagnosis**

The school may be informed by a pupil's parent, or a medical professional that a pupil has a newly diagnosed illness or medical condition. The parent will be asked to complete an Individual Health Care Plan for their child, in conjunction with any relevant medical professionals and then to meet with the SENCO, who has responsibility for overseeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

### **Following Notification of a Long-term Medical Condition**

- The school will make every effort to ensure that arrangements are put in place as soon as possible.
- If the child will require the administration of medication of any kind, a consent form must be completed by the parent/carers and given in at the school office, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name.
- In making the arrangements, the school 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.
- The school will also acknowledge that some medical conditions will be more obvious than others.
- The school will therefore aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The school will endeavour to make sure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- The arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- The school will ensure that staff members are properly trained to provide the support that pupils need.
- The school will ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting

activities, and not prevent them from doing so, unless it would not be in their best interest owing to their health needs.

- The school will make arrangements for the inclusion of pupils in such activities, with any adjustments, as required; unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible.
- The school aims to ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases.
- The school will therefore not accept a child in school at times where it would be detrimental to the health of that child and others. (Please refer to the School's Accessibility Plan for additional information on how the school will support children with medical conditions.)
- In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort 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. The Headteacher, School Nurse and SENCO will usually lead this. Following the discussions, a Health Care Plan may be put in place.
- Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures.
- Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.
- If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the parent, to ensure that all the relevant information is communicated to the new school.

### **Individual Healthcare Plans (IHCPs)**

See Flow Chart (Appendix A)

At Chase Terrace Primary School, the responsibility for over-seeing the support for pupils with medical conditions has been delegated to the SENCO, Mrs Tina Powl, working alongside the Headteacher.

This duty is carried out in conjunction with the parent(s)/carer(s), the School Nurse, and any other Healthcare Professionals involved in providing care to the child. Whenever appropriate, the child should also be involved.

It is the responsibility of **all** members of staff supporting the individual children to ensure that the Individual Health Care Plan is followed.

The Class Teacher will remain responsible for the child's educational development and ensuring that their medical conditions are supported at school and the advice on the Individual Health Care Plan is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.

### **Individual Health Care Plans**

- help to ensure that the school effectively supports pupils with medical conditions.
- will capture the key information and actions that are required to support the child effectively.
- will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed.
- provide clarity about what needs to be done, when and by whom.
- are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed.
- are helpful in the majority of other cases, especially where intervention may be needed or where medical conditions are long term and complex.
- should mention if a pupil has, in addition, special educational needs.
- will be easily accessible to all who need to refer to them, while preserving confidentiality. A copy will be kept in the school office and in the teacher's file in a locked cupboard/draw in the classroom.
- should be taken on all school outings and off-site activities.
- are reviewed annually, or when a child's needs change.  
However, not all children will require one. The School, Healthcare Professionals and Parent/Carers should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Healthcare Professional is best placed to take a final view.

### **Following Notification of a Short-term Medical Condition**

Occasionally, children have a short-term medical condition such as earache or a sore throat, and are well enough to attend school, but may still be taking a course of medication.

Where possible, medication should be administered at home. The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, they may volunteer to do so.

If medication is required during the school day, then a parent or carer will be required to complete a consent form at the same time as handing in the medicine to the school's reception office.

Prescribed medication should only be accepted if it is in date, in the original dispensed container with clear instructions for dose and storage. It should be clearly labelled with the child's name and class.

It is the parent or carer's responsibility to collect and supply each day, as necessary.



## Managing medicines in school

The school has a policy for the managing of medicines based on the following points:

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- Parents must sign a consent form (short or long term) and medicines must be labelled and given in at the school office.
- Asthma inhalers are stored in the child's classroom and **must not be locked away**
- Asthma inhalers are always available to pupils, should be taken to PE/Games' sessions outside the classroom and taken on all schools outings/trips.
- Emergency asthma inhalers;

Governors at this school have decided to keep an emergency inhaler kit.

This will be kept in the KS1 staffroom for ease of accessibility.. The SENCO/Office Administrators will be responsible for ensuring that there are sufficient inhalers, they are in date, stored safely and appropriately and are cleaned after use. The emergency inhaler will only be used by children with asthma for whom written parental consent for its use has been provided – a register of names will be kept. A record will be kept of use of the emergency inhaler and parents informed.

- Medicines are stored in the medicine cabinet in the medical room.
- Should a short-term medicine, such as an anti-biotic, require refrigeration, it will be placed in the fridge in the KS1 staffroom which is not accessible to pupils.
- Asthma inhalers can be self-administered by pupils, under the supervision of an adult. **All children** with asthma inhalers should have an allocated 'supervision of asthma inhaler' form which is to be completed by an adult each time the child uses the inhaler. It is the class teacher's responsibility to ensure **all members of staff** e.g. teaching assistants, supply teachers, are aware of this procedure.
- All asthma inhalers and medications will be sent home at the end of each academic year. Parents should return their child's inhaler with a completed 'Parental Agreement to Administer Medicine Form' to school on the first day of the new academic year in September. If the child no longer requires an inhaler parents/carers should email the school office to inform school of the change to medical requirements.
- If a child is registered as asthmatic in school and requires an inhaler but one is not available in school they will not be able to take part in PE/games or any outdoor activities until an inhaler is provided or until parents/carers inform school in writing that an inhaler is no longer required.

## Storage of medication

All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Medicine cupboard/cabinets must be of a suitable size to store all medication and have a quality lock fitted where this is assessed as required. The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use. The key to the medicine cupboard will be retained for the duration of the working day by an identified person (office administrators). Access is restricted to authorised members of staff only. Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only.

### **Disposal of Medicines**

- Medicines that have reached expiry date should not be used and should be returned to Parents/Carers.
- Provision for disposal of needles is with the Headteacher (sharps container).
- Disposal of bodily waste is in the NAPISAN BIN in the disabled toilet area and in the Nursery block.

### **Treatments Requiring Staff Training**

The following treatments should only be administered by trained school staff:

- Injections
- Buccal Midazolam
- Catheters or intravenous therapy

Any medical advice given to school is confidential and will only be provided to those staff who are going to be teaching or supervising those pupils.

### **Staff Trained in First Aid**

Chase Terrace Primary School have a sufficient number of staff who have received up-to-date training in First Aid and Paediatric First Aid.

School also has a named person responsible for administering medicines when needed.  
(or any other nominated, trained member of staff, who is willing to administer)

The dosage and administration is witnessed by a second adult.

**The Protocol For The Administration Of Prescribed PRN Medication is to be recorded on form HSF 34 (Appendix 2)**

**What to do in an emergency:**

**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 (01543 227150)
2. your name
3. your location as follows (Chase Terrace Primary School, Rugeley Rd, Chase Terrace, Burntwood, Staffordshire)
4. state what the postcode is – **WS7 1AH**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

### **Unacceptable Practice**

Although School Staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their Parents/Carers; 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 IHCPs.
- If the child becomes ill, send them to the school office 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require Parents/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including toileting issues.
- No Parent/Carer should have to give up working because the school is failing to support their child's medical needs.
- 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/Carers to accompany the child, unless this is in the best interest of the child, or for Health and Safety reasons.

### **Complaints**

Should Parents/Carers or Pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher, SENCO or Headteacher. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's Complaints Procedure.

### **Appendices**

**Appendix 1 – Process for developing Individual Healthcare Plans**

[Template A: individual healthcare plan](#)

[Template B: parental agreement for setting to administer medicine](#)

[Template C: record of medicine administered to an individual child](#)

[Template D: record of inhaler use for an individual child](#)

19

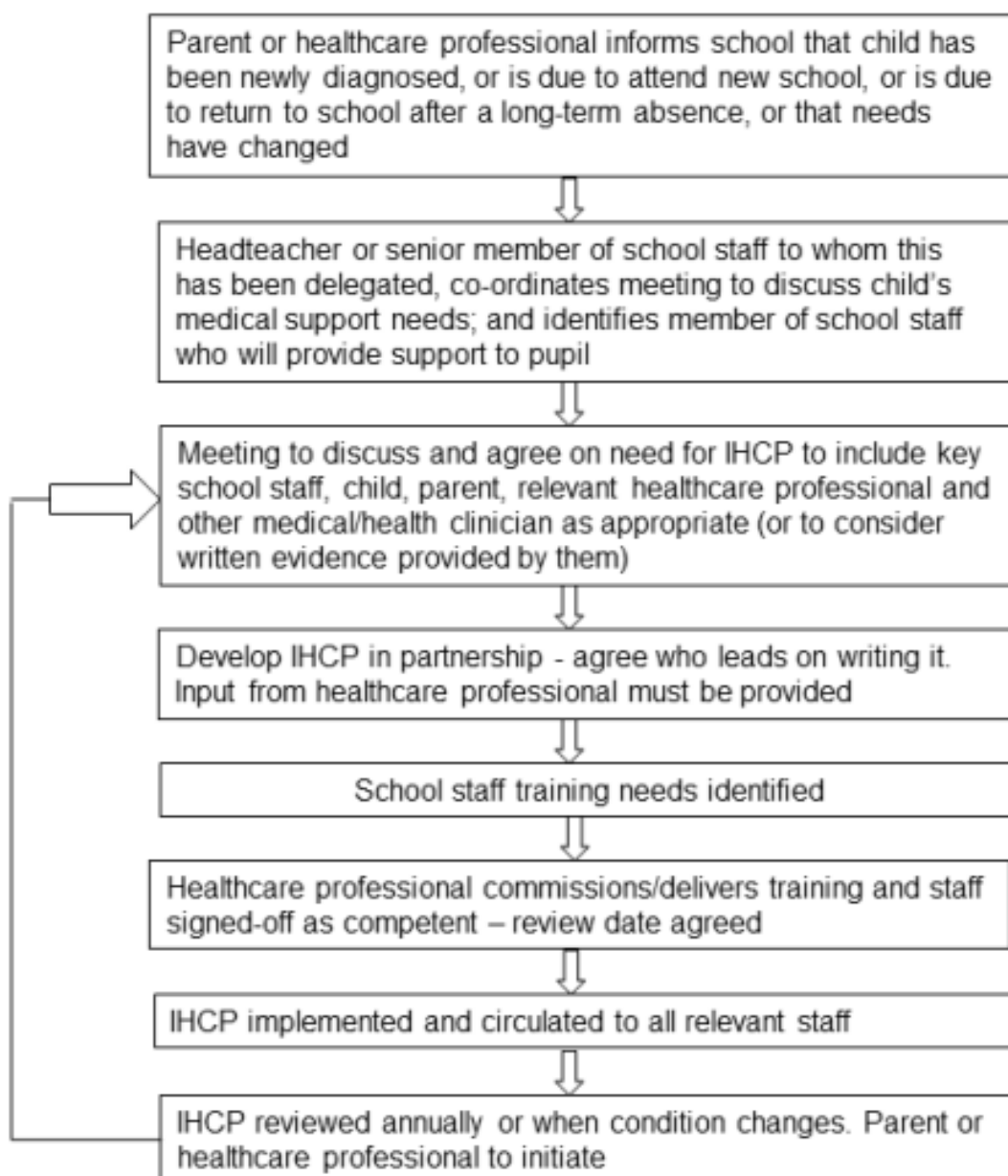
[Template E: staff training record – administration of medicines](#)

[Template F: contacting emergency services](#)

[Template G: model letter inviting parents to contribute to individual healthcare plan development](#)

**Appendix 2** - The Protocol For The Administration Of Prescribed PRN Medication is to be recorded on form HSF 34

## Appendix 1



## 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, contra-indications, 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

Date:

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.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

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/setting 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

### Record of medication administered to an individual child

**Dose and frequency of medication:** \_\_\_\_\_

[illegible]

**Parent Signature:** \_\_\_\_\_

### Template D: record of inhaler use for an individual child

## Chase Terrace Primary School



### Record of inhaler use for an individual child

**Childs Name:** \_\_\_\_\_ **Child's DOB:** \_\_\_\_\_ **Class:** \_\_\_\_\_

[illegible]

## Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Template F: 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 [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Appendix 2

**PRN medication must only be administered by an employee who has received relevant training. PRN medication must only be administered in strict accordance with the following protocol.**

Service User/Pupil		Date of Birth	
Address			

<b>GP</b>	
Address	
Prescribed PRN Medication	
Dosage	
Conditions under which the use of PRN medication is recommended	
Any known triggers	
Any warning signs	
Time expected for the medication to take effect	
Action required if effect does not occur as expected	

GP		Parent /Carer	
Name		Name	
Signature		Signature	

On each occasion PRN Medication is administered, this should be clearly recorded on the Service Users medication sheet.