



# Ysgol Gymraeg Nant Gwenlli

Hadrian Close  
Roman Way  
Caerleon  
Newport  
NP18 3FJ

E-mail/E-Bost: [ysgol.gymraegnantgwenlli@newportschools.wales](mailto:ysgol.gymraegnantgwenlli@newportschools.wales)  
Pennaeth Gweithredol / Executive Headteacher: Mrs Lona Jones-Campbell

*“Law yn llaw fe hwyliwn dros y tonnau  
“Hand in hand we’ll sail across the seas”*

Dear Parent/Guardian/Carer

## **ADMINISTRATION OF MEDICINE IN SCHOOL**

Administering medicine is potentially very hazardous so it is important that you read this letter before you ask the school to administer any medicine to your child or to carry out any medical procedure.

The School will support pupils with medical needs in order to ensure their attendance at school and their access to the curriculum where it is safe and practical to do so, but the school will not do anything that compromises the health, safety or well being of anyone involved, either pupils, parents or staff.

If it is safe to do so, the school will consider –

- administering medicine and supervising pupils who take their own medicine,
- carrying out medical procedures and supervising pupils who carry out their own procedures,
- agreeing procedures for pupils to bring to school and/or take their own medicine or to undertake their own medical procedures on school premises,
- providing facilities for parents or medical personnel to administer medicine or carry out medical procedures on school premises.

School staff may administer medicine only when all other alternatives have been explored. These alternatives must include parents, medical personnel or the pupil administering medicine or carrying out medical procedures at home, in other premises or at school.

School staff may only administer medicine or carry out procedures that have been prescribed by medical personnel.

If your child needs to use an asthma inhaler you should complete only the ASTHMA form. If it is essential that your child should have other medicine or a medical procedure at school, please complete the attached Form MED1, which gives basic information about your child, his/her medical contacts and his/her family contacts. Please also complete whichever of the following is appropriate:

- Form MED2 – Request for school staff to administer medicine or carry out a medical procedure
- Form MED3 – Request for a parent, another adult or the pupil to carry and/or administer medicine during school hours

Completion of these forms will provide the information the school must have in order to assess your child’s medical needs but it does not automatically mean that the school will agree to administer medicine to your

child. I will consider the information you have provided and I will decide if your request can be approved. I will contact you if there are any conditions that you or your child may have to meet.

Please telephone the school if you need to discuss this matter further.

Yours sincerely,

Mrs Lona Jones-Campbell  
**Pennaeth/Head Teacher**

## FORM MED 1 – PUPIL INFORMATION

### ADMINISTRATION OF MEDICINE IN SCHOOL – PUPIL INFORMATION

The Parent, Guardian or Carer of the pupil is responsible for completing this form, which will provide essential medical information about your child and will enable the school to assess his/her needs.

Completion of the form does not mean that the school will agree to your request.

A second form must be completed to provide information on any medicine to be administered.

**School staff will not administer any medicine or carry out any medical procedures if this form is not fully completed.**

**Please print all information.**

### PUPIL INFORMATION

Surname .....

Forenames .....

Address .....

.....

.....

Male/Female .....

Date of Birth .....

### HOME CONTACT INFORMATION

Home Contact 1

Home Contact 2

Surname .....

Surname .....

Forename .....

Forename .....

Address .....

Address .....

.....

.....

Phone - Home .....

Phone - Home .....

- Work .....

- Work .....

Relationship to Pupil .....

Relationship to Pupil .....

**MEDICAL CONTACT INFORMATION**

A.1 Has the medicine or medical procedure been prescribed by medical personnel?

YES/NO

If YES, please provide details of the medical personnel.

Name .....

Work address .....

.....

.....

Work Phone No. ....

Status (e.g. GP, Consultant) .....

If NO, it is unlikely that the school will agree to administer this medicine, although there may be circumstances (generally non-prescription pain relief medicines for older children) where the Head may agree to a pupil administering their own medicine. You should discuss your child’s needs with the Head or school nurse, and complete Form MED 3 if they consider the school is likely to agree to your request.

A.2 Can the medicine be prescribed so that it does not have to be taken during school time?

YES/NO

If YES, there is no need to complete the rest of this Form. Please speak to your Doctor and ask him/her to change the prescription so that the medicine can be taken outside school time.

If NO, please explain why this cannot be done .....

.....

.....

A.3 Can the medicine be administered at home or somewhere else?

YES/NO

If YES, there is no need to complete the rest of this Form. Please speak to the Head Teacher and make arrangements for your child to leave school for medicine to be administered elsewhere.

If NO, please explain why this cannot be done .....

.....

.....

A.4 Can you make arrangements for a parent, family member or medical personnel to visit the school to administer the medicine?

YES/NO

If YES, please sign the statement at the end of this form and ask the school for Form MED 3 – Parent to administer.

If NO, please explain why this cannot be done .....

.....

.....

A.5 Can your child administer the medicine him/her self?

YES/NO

If YES, please sign the statement at the end of this form and ask the school for Form MED 3 – Pupil to administer.

If NO, please explain why this cannot be done .....

.....

.....

**STATEMENT BY PARENT, GUARDIAN OR CARER**

I accept responsibility for the accuracy of the information I have provided in this form and agree to tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed ..... Date .....

Print Name .....

Relationship to Pupil .....

**FORM MED 2 – SCHOOL TO ADMINISTER**

**REQUEST FOR SCHOOL TO ADMINISTER MEDICINE OR CARRY OUT A MEDICAL PROCEDURE**

This form is in two parts –

**PART A must be completed by the parent, guardian or carer.**

**PART B must be completed by the school.**

The term “Administration of Medicine” also refers to “Carrying out medical procedures” in this form.

**Please print all information.**

---

**PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER**

A.1 I request that the staff of ..... School administer medicine to my child, in accordance with the information given below.

**A.2 Pupil’s Name**

Surname .....

Forenames .....

A.3 What condition or illness does your child have? .....

.....

.....

Please complete the section marked **MEDICINES** (from A.4 to A.13) if you want your child to have medicine in school and the section marked **MEDICAL PROCEDURES** (From A.14 to A.22) if you want you child to have a medical procedure carried out in school.

**MEDICINES**

Please give details of the medicine to be administered (as described on the container). You may attach copies of the prescription and any instructions you have been given, if that would be helpful -

A.4 Name or type of medicine .....

.....

A.5 How long will your child take this medicine .....

A.6 Date the medicine was dispensed .....

A.7 Date of expiry of the medicine .....

A.8 Dosage and how it is to be taken .....

A.9 At what times must it be taken at school?

.....

.....

A.10 Are there any side effects? YES/NO

A.10.1 If YES, please give details .....

.....

A.11 Does your child need to be observed afterwards? YES/NO

A.11.1 If YES, what signs should be watched for? .....

.....

A.11.2 What action should be taken if they are seen? .....

.....

A.12 What should be done in an emergency? .....

.....

.....

A.13 Does the medicine or procedure involve any risk to other people? YES/NO

A.13.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -

.....  
.....

Now go to question A 23

**MEDICAL PROCEDURES**

A.14 Please give details of the procedure to be carried out. You may attach copies of any instructions you have been given by medical personnel, if that would be helpful -

.....  
.....

A.15 What equipment or materials will be needed to carry out this procedure and who will provide it?

.....  
.....

A.16 Medical procedures are normally carried out in the school's medical area. Is this a suitable place for the procedure to be carried out?

YES/NO

A.16.1 If NO, what changes need to be made? .....

.....

A.17 How long will your child need to have this procedure carried out? .....

A.18 At what times must the procedure be carried out in school?

.....  
.....

A.19 Are there any side effects?

YES/NO

A.19.1 If YES, please give details .....

.....

A.20 Does your child need to be observed afterwards?

YES/NO

A.20.1 If YES, what signs should be watched for? .....



.....  
A.20.2 What action should be taken if they are seen? .....

.....

A.21 What should be done in an emergency? .....

.....

.....

A.22 Is the procedure hazardous to other people? YES/NO

A.22.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff -

.....

.....

**A.23 STATEMENT BY PARENT/GUARDIAN/CARER**

I confirm that the above information is correct and I agree -

to deliver any medicine to the nominated school contact,

to provide any necessary equipment or materials to the nominated school contact,

to collect and safely dispose of any unused medicine or materials, and to remove any equipment when it is no longer required in school.

I accept responsibility for the accuracy of the information I have provided and will tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

Signed .....

Date .....

Parent/Guardian/Carer

(delete where inappropriate)

**PART B – ARRANGEMENTS - TO BE COMPLETED BY THE SCHOOL**

B.1 The staff who have responsibility for storing and administering this medicine or carrying out this procedure are:-

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....

Designation .....

Name .....

Designation .....

B.2 The following information/training is required for the nominated person and substitutes –

.....  
.....

B.3 The following equipment or materials are needed (show who will provide them) –

.....  
.....  
.....

B.4 The medicine or procedure will be administered in the following place –

.....  
.....

*B. 5 This section to be completed by staff with responsibility for administering medicine*

I confirm that -

I received appropriate information/training relating to the administration of  
the above medicine or carrying out the procedure to the above pupil on (date)

.....

The information/training was provided by .....

I feel able to administer this medicine or carry out this procedure to this pupil safely.

Signed ..... Date .....

(Nominated person)

Signed ..... Date .....

(Substitute)

Signed ..... Date .....

(Substitute)

**DECISION - This section to be completed by the Head Teacher or nominated substitute**

I have considered all alternatives and I am/am not satisfied that medicine must be administered to this pupil or that a medical procedure must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes	<input type="checkbox"/>	<input type="checkbox"/>
all necessary equipment and materials have been provided	<input type="checkbox"/>	<input type="checkbox"/>
the place identified above is suitable for doing this work	<input type="checkbox"/>	<input type="checkbox"/>
proper arrangements have been made for the provision, use, storage and maintenance of all necessary PPE	<input type="checkbox"/>	<input type="checkbox"/>
all necessary emergency procedures are in place	<input type="checkbox"/>	<input type="checkbox"/>

the need to do this work will be reviewed on .....

and will end on .....

I approve/refuse the request.

Signed ..... Date .....

Designation .....

**FORM MED 3 – PARENT OR PUPIL TO ADMINISTER**

**REQUEST FOR PARENT, MEDICAL PERSONNEL OR PUPIL TO ADMINISTER MEDICINE OR  
CARRY OUT A MEDICAL PROCEDURE AT SCHOOL**

This form is in two parts –

**PART A must be completed by the parent, guardian or carer.**

**PART B must be completed by the school.**

The term “Administration of Medicines” also applies to “carrying out medical procedures” in this document.

**Please print all information.**

---

**PART A – TO BE COMPLETED BY THE PARENT, GUARDIAN OR CARER**

- A.1 I request permission to EITHER Tick
- administer medicine or carry out a medical procedure to my child
- OR
- allow my child to administer his/her own medicine or carry out his/her   
own medical procedures

at ..... School in accordance with the information given below.

**A.2 Pupil's Name**

Surname .....

Forenames .....

A.3 What condition or illness does your child have? .....

.....

**Medicines**

A.4 Name or type of medicine .....

A.5 How will it be given (eg tablets, injection) .....

*Go to A.7*

**Medical Procedures**

A.6 Describe the procedure .....

.....

A.7 How long will your child take this medicine or have this procedure in school?

.....

A.8 At what times must it be taken or carried out at school?

.....

.....

A.9 Are there any side effects of the medicine or the procedure? YES/NO

A.9.1 If YES, please give details .....

.....

A.10 Does your child need to be observed after the procedure or after taking the medicine?

YES/NO

A.10.1 If YES, what adverse signs should be watched for? .....

.....

A.10.2 What action should be taken if they are seen? .....

.....

A.11 What should be done in an emergency? .....

.....

.....

A.12 Does the procedure or the medicine involve any risk to other people? YES/NO

A.12.1 If YES, please explain what precautions should be taken to prevent harm to other people, including staff

.....

.....

A.13 Who will administer the medicine or carry out the procedure?

Tick

A parent/guardian/carer or another adult

**(go to A.14)**

The pupil

**(go to A.16)**

**A.14** If the medicine is to be administered by a parent/guardian/carer or another adult -

Name .....

Address .....

.....

Phone .....

Relationship to the pupil .....

Substitute in the event of absence -

Name .....

Address .....

Phone .....

Relationship to the pupil .....

A.15 Medicine and medical procedures are normally administered in the school's medical area. Is this accommodation suitable?

YES/NO

A.15.1 If NO, what facilities do you need? .....

.....

.....

Please note that you will have to provide any specialist equipment and the school may not be able to agree to your request if a specialist environment is needed.

Go to A .18.

A.16 If the medicine is to be administered by your child

**IMPORTANT NOTE FOR PARENTS**

Medicine will normally be held in the school’s medical area and will be issued to your child in accordance with the instructions you give below. Exceptions may be made where the Head Teacher is satisfied there is a need for medicine to be carried by a child because it may be needed at any time during the day, but this will be at the discretion of the Head Teacher. School staff will monitor the administration of medicine and carrying out of medical procedures by pupils as the Head thinks necessary, and will inform parents if the Head becomes concerned about any part of the process. **However, you must recognize that completion of this section of the form and subsequent administration of medicine gives your child significant responsibility for their own health, safety and well being.**

**By completing section 17, below, you are agreeing that your child will be allowed to take their medicine without any further confirmation from you.**

A.17 Does your child have to carry their medicine with them during the day? YES/NO

A.17.1 If YES, your child will be allowed to carry and use their medicine as they think necessary, without any further confirmation from you.

A.17.2 If NO, your child’s medicine will be kept in the school’s medical area and will be issued to you child when they ask for it, without any further confirmation from you.

Is this arrangement suitable for your child?

YES/NO

A.17.3 If NO, what other facilities are needed? .....

.....

Please note that you will have to provide any specialist equipment and the school may not be able to agree to your request if a specialist environment is needed.

**A.18 STATEMENT BY PARENT/GUARDIAN/CARER**

I accept responsibility for the accuracy of the information I have provided and agree to tell the school immediately if any of it changes.

I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.

I agree to safely dispose of any unused medicine or waste material away from the school site and to remove any specialist equipment.

I accept that, if permission is given, the Head can monitor what is done on school premises and may withdraw or modify any permission that is given.

Signed ..... Date .....

Parent/Guardian/Carer

(delete where inappropriate)

---

**PART B – TO BE COMPLETED BY THE SCHOOL**

B.1 Person nominated to monitor the administration of this medicine -

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....

Designation .....

Name .....

Designation .....

B.2 Monitoring procedure for administration of medicine .....

.....

.....

B.3 Person nominated to monitor pupil after administration of medicine -

Name .....

Designation .....

Substitute(s) in the event of absence –

Name .....



Designation .....

Name .....

Designation .....

B.4 Monitoring procedure .....

.....

.....

B.5 The following information/training is required for the nominated monitor and substitutes –

.....

.....

B.6 The following equipment or materials are needed –

.....

.....

B.7 The medicine will be administered in the following place –

.....

**B.8 TRAINING RECORD - To be completed by staff responsible for monitoring the administration of medicine or carrying out medical procedures**

I confirm that -

I received information/training relating to the administration of medicine or carrying out medical procedures to the above pupil on (date)

.....

The information/training was provided by .....

I feel able to monitor this activity safely.

Signed ..... Date .....

(Nominated person)

Signed ..... Date .....

(Substitute)

Signed ..... Date .....

(Substitute)

**B.9 DECISION - To be completed by the Head Teacher or nominated substitute**

I am/am not satisfied that medicine must be administered to this pupil or medical procedures must be carried out at school to ensure that the pupil can attend school or can have access to the curriculum.

I am/am not satisfied with the arrangements that have been made for administering medicine or carrying out the procedure described above -

	Yes	No
all necessary information/training has been provided for the nominated person and substitutes to monitor the work	<input type="checkbox"/>	<input type="checkbox"/>
all necessary equipment and materials have has been provided	<input type="checkbox"/>	<input type="checkbox"/>
the place identified above is suitable for carrying out this procedure for this pupil	<input type="checkbox"/>	<input type="checkbox"/>
all necessary emergency procedures are in place	<input type="checkbox"/>	<input type="checkbox"/>

**Delete if inappropriate –**

I am/am not satisfied that this pupil is able to carry and/or administer this medicine or carry out this procedure safely.

The need to administer medicine or carry out the procedure will be reviewed

on ..... and will end on .....

I approve/refuse the request.

Signed ..... Date .....

Designation .....