



# ADMISSION OF MEDICINES POLICY

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APPROVED BY:	Governors
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## REVIEW HISTORY

Version No.	Date of Change	Change Summary	Page No
1.0	09/09/2024	Updated branding	
1.0	09/09/2024	Amend procedures	
1.0	25/04/2024	Update administration forms	

Section 100 of the Children and Families Act 2014 **places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions**

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire Partnership groups/healthcare professionals.

**Woodland Grange Primary School will:**

- be responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.
- Administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs.
- be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually.
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- ensure that written records are kept of all medicines administered to pupils

## **Responsibilities**

### **Governing Bodies**

- The governors and staff of Woodland Grange Primary School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.
- Ensure arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented.
- should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life

### **Head Teacher**

- The head teacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day
- should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions.
- should ensure that sufficient professionally trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations

- staff administering medicine should be provided with a clear health plan and support as required.
- 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 Nurse](#))
- should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- Controlled drugs – the controlled drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Head Teacher, and reported to the Police/Local Intelligence Network ([LIN](#)). Guidance on this should be sought from healthcare professionals.

### **School Staff**

- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role. (see Appendix F)
- Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. Appendix C (longer term) and Appendix D (shorter term)
- Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.
- Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary
- If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

### **School Nursing System and Healthcare Professionals ((including GPs, paediatricians, nurse specialists/ community paediatric nurses)**

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthmas, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed
- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

## Pupils and Parents

- Where possible, pupils will be encouraged to self-administer their own medication
- Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting parent/carer meetings and/or prospectus/school website information
- On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually
- An Individual Healthcare Plan. Appendix B (or see Appendix G if this is for Anaphylaxis reactions), will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designed named member of school staff, specialist nurse (where appropriate) and relevant healthcare services
- A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves

## Refusal

- If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet. ([Template D](#)) and on AssessNET where applicable
- Woodland Grange will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

## Medication

Forms for medication can be found at the end of this policy

- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality
- Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date
- Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line
- The school should not hold stock of over-the-counter medications
- Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed
- Parents/carers should ensure that medication that the school holds for their child is in date. They should provide new and in date medication and collect all medications/equipment for disposal when it has expired.

## Controlled Drugs

- Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school – Woodland Grange will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- Monitoring arrangements may be necessary. The school will address misuse of drugs' and have procedures in place.
- Storage: the medication will be inaccessible to children, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only will have access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- Administration: two members of staff will be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration
- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours
- Additional training should be provided to the identified staff
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers
- Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and will be signed by the two members of staff who administer the medication
- Woodland Grange will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals

## Storage of medication

- Medication should be kept in a known, safe, and secure location.
- A designated refrigerator in an appropriate location will be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed.
- Prescribed emergency medication, such as asthma inhalers, should remain with the pupil, epi-pens are stored centrally but should be immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs.
- Parents/carers are responsible for ensuring that the school has an adequate amount of medication for their child
- Woodland Grange will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. School will regularly monitor and notify parents regarding expiration dates of medicines.
- **Inhalers** will be kept in individual classrooms (preferably in a grab bag), unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

## Record Keeping

- Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should follow the template provided by the D of E ([Template B](#))
- The pupil's name, age, and class, Contact details of the parent/carer and GP
- Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (See Appendix A, in this document)
- Records must be kept for each child detailing each medication administered

### Emergency Medication

- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate (Appendix F guides staff for information they need to have)
- Emergency medication is held in school as part of the Leicestershire hospitals scheme that is specified for use in an emergency (Jext pen and inhaler).
- These medications must be clearly labelled with the child's name, action to be taken with the route, dosage and frequency.
- If there is an emergency situation whereby consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called.
- Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.
- If a pupil is going into **anaphylactic shock**, the emergency services will be called immediately
- If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest **anaphylactic shock** is occurring, the emergency services will be called.

### Return of Medication and or disposal, including Sharps Bins and Medication Errors

- Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per 'sharps guidelines' (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- Parents/carers are responsible for collecting remaining medication at the end of each day/term (as appropriate) and for re-stocking medication when required. School will support parents by checking medication regularly and will make contact requesting collection. (Appendix E) After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist.

### Complaints Procedure

- Woodland Grange will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.
- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure

- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether Woodland Grange has breached the terms of its Funding Agreement (the contractual relationship between the academy and the Department for Education) or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Transport, School Trips, Visits and Sporting Events**

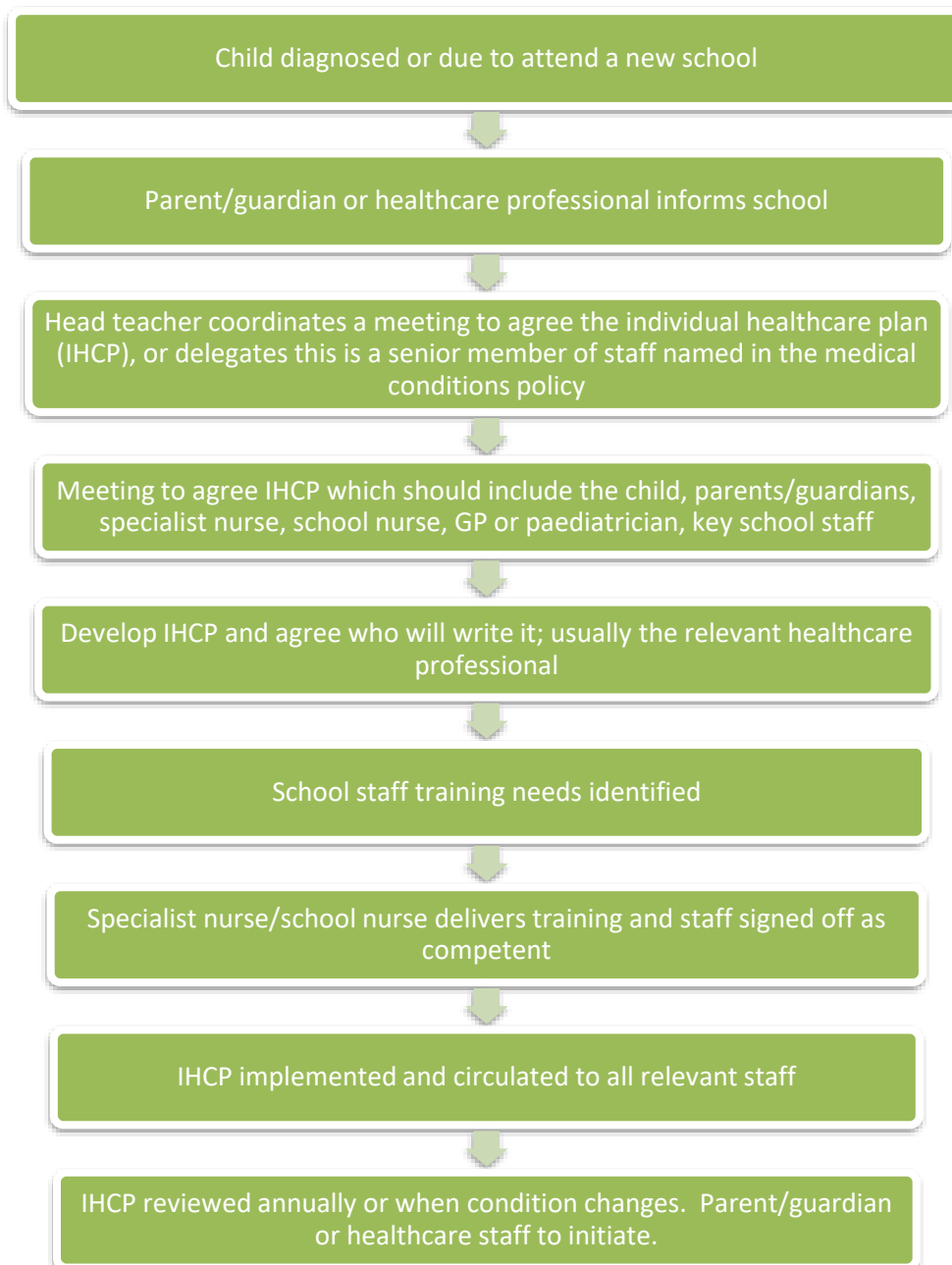
- Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff (where required) or the parent/carer should be present, either of whom can carry and administer the medication as necessary.
- Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader
- Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e., in an emergency) they must receive training (if required) and support and fully understand what procedures and protocols to follow
- This should be agreed and documented with the school, the parent, and the transport/driver



## Appendix A: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded, and reviewed at regular intervals.

The procedure for development of an IHCP is given below:



## Allergy Action Plan

CHILD'S NAME \_\_\_\_\_

SCHOOL SETTING WOODLAND GRANGE PRIMARY SCHOOL, OADBY, LE2 4TY

HAS THE FOLLOWING ALLERGIES: \_\_\_\_\_

### Child's date of birth

NHS Number (If known)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



Photo

Emergency contact number

Alternative emergency number  
if parent / guardian unavailable

### CONSENT

I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYFS/Pre-school)

I will notify school / EYFS/Pre-school staff and the school nursing service if there are any changes to my child's medication and personal details as above.

I will ensure that the above medication is kept in date and replaced if used.

I consent for my child's action plan and photo to be displayed within the school.

I consent to the use of the school's generic adrenaline auto injector if available

Your name (Print)

Your signature

Please circle Parent /Guardian

Date \_\_\_\_\_

### EMERGENCY TREATMENT

Name of adrenaline auto injector \_\_\_\_\_

How many adrenaline auto injector been prescribed for use in school? \_\_\_\_\_

Name of antihistamine (medicine for allergies). \_\_\_\_\_

Refer to label for dosage instructions

Name of inhafer (if prescribed) \_\_\_\_\_

### Mild-moderate allergic reaction

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



### Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

#### Airway:

Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.

#### Breathing:

Difficult or noisy breathing, wheeze or persistent cough.

#### Consciousness:

Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

#### If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance\*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

**\*\*\*If in doubt give adrenaline auto injector\*\*\***

#### After giving adrenaline auto injector

- 1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline auto injector (if available) in the alternate leg

\*you can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes



## Woodland Grange Primary School Asthma Care Plan

Name of Child:	Date of Birth:
Tutor Group:	

Address:

Emergency Contact Name:	Daytime Tel No:
Relationship to student:	Mobile No:

GP:	Other Emergency Contact Name:
Address:	Relationship to Student:
Tel No:	Tel No:

**Usual signs of student's asthma:** *(Please tick symptoms below)*

Wheeze  Tight Chest  Cough  Difficulty breathing  Difficulty talking  Other

If other please write below:

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**Signs student's asthma is getting worse:** *( Please tick symptoms below)*

Wheeze  Tight Chest  Cough  Difficulty breathing  Difficulty talking  Other

If other please write below:

---

**Student's Asthma Triggers:** *(Please tick options below)*

Cold/flu  Exercise  Smoke  Pollens  Dust  Other

If other please write below:

---

**Asthma Medication Requirements**

(Including relievers, preventers, symptom controllers, combination, use a separate sheet if necessary)

Name of Medication <small>(e.g. Ventolin, Bricanyl or oral medication)</small>	Method <small>(e.g. puffer &amp; spacer, turbuhaler)</small>	Dosage & time taken? <small>(e.g. 1 puff in morning and night, before exercise)</small>

*Please tick your preferred Asthma Action Plan for your son/daughter below:*

**PARENT/GUARDIANS ASTHMA CARE PLAN FOR STUDENT** – please complete below:

**NB: Your child's inhaler will be kept in a secure box in their classroom. All medication must be prescribed and have the pharmacy's label attached clearly showing your child's name and dosage.**

**Is your child's asthma treatment monitored by GP, Asthma Nurse or Pediatrician? If yes, please use the space below to inform us of who this is:**

*Name & Address:*

**Home/School Agreement Terms:**

- ✓ Please notify me if my child regularly has asthma symptoms at school.
- ✓ Please notify me if my child has received Asthma First Aid.
- ✓ I authorise school staff to assist my child with taking asthma medication if they require help.
- ✓ I will notify you in writing if there are any changes to these instructions.

Parent/Guardian please sign and print your name below:

Date:

Signed:

Print Name:

It is the responsibility of the parent/guardian to inform the school of any changes to their son/daughter's asthma treatment/medication. Could you ensure this is up to date and collect any out-of-date medication from School Office. We advise that you check this termly.

## Appendix C: parental agreement for setting to administer medicine



# ADMINISTRATION OF MEDICINE REQUEST

Full Name of Child:

Class:

My child has been diagnosed as suffering from \_\_\_\_\_.

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours. \_\_\_\_\_ (name of medicine)

NB: If a child requires a dosage of 3 times a day, please administer before and after school. However, should a child require a dosage of 4 times a day, 1 dose may be administered at lunchtime. This is administered on a voluntary basis.

Could you therefore administer \_\_\_\_\_ (dosage)  
at \_\_\_\_\_

Effective from \_\_\_\_\_ to \_\_\_\_\_ (date)

The medicine should be administered by mouth/in the ear/nasally/other \_\_\_\_\_

- I undertake to update the school with any changes in routine, use or dosage of medication and to maintain an in-date supply of the prescribed medication.
- I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medicine.
- I understand that school is not responsible for loss or damage to medication.

Signed: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_ (please print)

Emergency contact number: \_\_\_\_\_ work/home/mobile

It is the responsibility of the parent/guardian to inform the school of any changes to their son/daughter's medication. Could you ensure this is up to date and collect any out-of-date medication from the School Office. We advise that you check this termly.



## **Appendix D: Helping us to manage your child's medications**

### ***Letter 1 to parents***

**Dated:**

Dear Parent / Carer / Guardian of \_\_\_\_\_,

We hold medication in school for your child that is nearing its expiry date/has expired.

Name of medication: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Please can you replace this medication within the next week with new, in date medication. If the old medication is classed as a 'Controlled Drug'; you will be required to return the expired medication to the pharmacist that originally dispensed it. Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

With kind regards,

Head Teacher

### **Letter 2 to parents**

Dear Parent / Carer / Guardian of \_\_\_\_\_,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

Name of medication: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it. Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

With kind regards,

Head Teacher



## Appendix 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

## Appendix 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

## Appendix G

### ADMINISTRATION OF A PRE-PREPARED ADRENALINE INJECTION IN RESPONSE TO ANAPHYLAXIS

#### PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN SCHOOLS

1. When a child needs a pre-prepared adrenaline injection as emergency treatment for anaphylaxis in school then the prescribing doctor will discuss this with the parents or carers and with their agreement pre-prepared adrenaline will be prescribed.
2. It is the parent's responsibility to raise the issue with the headteacher
3. When the child is unable to self-administer the head then identifies volunteer(s) to undertake training and subsequent administration of the prepared adrenaline injection.
4. If no volunteers are identified the parent will be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
5. If volunteer(s) are identified they should read their school's policy/guidelines on the administration of medicines. The headteacher should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across LLR will be used.
6. An Individual Care Plan must be completed by the health professional that provides the training programme. The health professional should discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenaline by non-medical and non-nursing staff for a specific child.
7. Following the training the volunteer(s) sign(s) the Training Record. The headteacher then signs the Individual Care Plan. The original remains within the school.
8. If any details in the Individual Care Plan change e.g. EpiPen rather than EpiPen Junior required it is the parent's responsibility to inform the headteacher. If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.
9. Update training of volunteers should take place at least every three years although on an annual basis is preferable. The headteacher will request and negotiate this with the appropriate health professional.

## PRE-PREPARED ADRENALINE INJECTION ADMINISTRATION REPORT FORM

<b>Name Of Child:</b>		<b>DOB:</b>	
<b>Date Of Allergic Reaction:</b>			
<b>Time Reaction Started:</b>			
<b>Trigger:</b>			
<b>Description Of Symptoms Of Reaction:</b>			
<b>Time Adrenaline Injection Given:</b>			
<b>DEVICE USED (Circle)</b>	<b>EpiPen / EpiPen Junior / Anapen / Anapen Junior</b>		
<b>Site of injection:</b>			
<b>Given by:</b>			
<b>Any difficulties in administration?</b>			
<b>Time Ambulance Called:</b>		<b>Arrived:</b>	
<b>ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child)</b>			
<b>Witnesses:</b>			
<b>Form Complete By:</b>			
<b>Name (Print):</b>		<b>Signature:</b>	
<b>Job Title:</b>		<b>Contact Tel No:</b>	
<b>Date:</b>			
Original to Child's School Record Cc: Hospital with child (where possible) Parent			