



BRIDGE & PATRIBOURNE CEP SCHOOL

HEALTHCARE, MEDICINES AND FIRST AID IN SCHOOL POLICY & PROCEDURE

Key Personnel

Inclusion Lead: Carla Long

Headteacher: James Tibbles

Key Dates

Ratified by FGB: September 2019

Date of next review: September 2022

Introduction

This policy is written in line with the requirements of:-

- Children and Families Act 2014 – Section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014.
- 0-25 SEND Code of Practice, DfE 2014.
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014.
- Equalities Act 2010.
- Schools Admissions Code, DfE 1 Feb 2010.

This policy should be read in conjunction with the following school policies:

- SEN Policy
- Safeguarding Policy
- Educational visits policy
- Complaints Policy

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the headteacher. S/he will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Inclusion Leader will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The Inclusion Leader will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Supporting Children with Medical Conditions

Definitions of medical conditions

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

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition, liaise with the relevant agencies and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy and the individual healthcare plan will become part of the EHCP.

The Statutory Duty of the Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of Bridge and Patricbourne Church of England Primary School will fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy)
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation)
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition)
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans)
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support)
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs)
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises)

- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures)
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities)
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice)
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity)
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

[Procedure when notification is received that a pupil has a medical condition](#)

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Bridge & Patrixbourne CEP School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases such as a new diagnosis or a child moving to Bridge & Patrixbourne CEP School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we 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. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff have the correct medical advice and liaise with the relevant agencies to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Bridge & Patrixbourne CEP School does not have to wait for a formal diagnosis before providing support to pupils. 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 available evidence. This would normally involve some form 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. These discussions will be led by the Inclusion Manager, and following these discussions, an individual healthcare plan will be written in conjunction with the parent/carers by the Inclusion Leader and be put in place.

[Individual Healthcare Plans \(IHP's\)](#)

Individual healthcare plans will help to ensure that Bridge & Patrixbourne CEP School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be

essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher (under the advice from the lead medical professional) is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A: Process for Developing and Individual Healthcare Plan.

Individual healthcare plans are to be updated annually at the start of Term 1, or before, if medical needs change.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an Education Healthcare Plan (EHCP), their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Bridge & Patricbourne CEP School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Bridge & Patricbourne CEP School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Bridge & Patricbourne CEP School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Please see Appendix B: Individual Healthcare Plan.

[Roles and Responsibilities](#)

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Bridge & Patricbourne CEP School

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They 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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. 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, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to 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. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a 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 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 year) [education for children with health needs who cannot attend school](#)

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

[The child's role in managing their own medical needs](#)

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the school office to ensure that the safeguarding of other children is not compromised. Bridge & Patribourne CEP School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Emergency Procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits, and Sporting Activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other Issues for Consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Unacceptable Practice

Although staff at Bridge & Patricbourne CEP School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- 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 individual healthcare plans
- If the child becomes ill, send them to the school office or medical room 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 pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs, or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Confidentiality

The Headteacher and staff will always treat medical information confidentially. The Inclusion Leader, the Headteacher and Deputy Headteacher, together with the person responsible for administering medicines, may have access to records and other information about a child's health.

Pupils with medical needs but not requiring a health care plan

The Inclusion Leader will compile a list of all those pupils requiring minor medical needs. For example, infrequent asthmatics, allergies, eczema. This list will be distributed to staff and a copy retained in the office.

Administration of Medicines

Managing medicines on school premises and record keeping

Medicines will only be taken to school when essential; that is where it would be detrimental to a child's health, if the medicine were not administered during the school day. School will only accept medicines that have been prescribed by a doctor, nurse, dentist or pharmacist prescriber. The medicines will be provided in the original container as dispensed by a pharmacist and include the prescriber's instruction for administration. Where appropriate medicines should be prescribed in dose frequencies which enable them to be taken outside of the school hours. It should therefore be only necessary for one dose to be administered in school.

No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see Appendix C: Administering Medicine Form) - except in exceptional circumstances where the medicine has been prescribed to the child 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 their right to confidentiality

With parental written consent, we will administer non-prescription medicines although a child will never be given aspirin or medicines containing Ibuprofen or Codeine unless prescribed by a doctor.

Storage of Medicines

All medicines will be stored safely in the school office or in the fridge in the staff kitchen. Children should know where their medicines are at all times and be able to access them immediately

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available. These are kept in a cupboard in the office and not locked away. Asthma inhalers should be marked with the child's name. There will also be two asthma inhalers for emergency use (one in each building).

We will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. This will be recorded and signed for by the parent and member of staff. Sharps boxes should always be used for the disposal of needles and other sharps.

Administering Medicines

No medicine will be administered without parental consent. The person responsible for giving medicines will check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If the person responsible has any concerns relating to administering medicine to a particular child, the issue must be discussed with the parent. Written records must be kept for each time medicines are given. Parents will be asked to complete the form Appendix C: Administering Medicines Form, which gives their signed consent for a member of staff to administer medication to their child. The signed form will be kept in the school office.

School keeps a supply of paracetamol suspension for times of illness when parents/carers are unable to come in to school. The school office will contact parents/carers and take a verbal consent which is logged down for reference. The school office then contacts the parent/carer with the dose and time in which it was administered.

Staff administering medicines should do so in accordance with the prescriber's instructions. Bridge & Patixbourne CEP School will keep a record (see Appendix C: Administering Medicine Form and Appendix D: Record of Medicine Administered To All Children After Verbal Permission Received From Parents Form) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed

Self-Management

Older children should be encouraged to participate in decisions about their medicine and to take their responsibility. If children can take their medicine themselves, staff may only need to supervise. No medicine will be carried by the child with the exception of inhalers which are needed immediately.

Refusing Medicines

If a child refused to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures. Procedures are to inform parents immediately.

School Trips

During school trips the first aid trained member of staff will carry all medical devices and medicines required

Emergency Procedures and First Aid

At least half the staff in the school will have received training for emergency first aid to the level of 'appointed persons'.

In addition there will be at least one person in the school who will have received additional four day training leading to the qualification "First Aider at Work."

All staff will be aware of emergency procedures. Children should be told what to do in the event of an emergency. Staff should not hesitate to call an ambulance. The first aiders at work and the head or deputy should be informed immediately in the event of an emergency.

Parents should be informed immediately. In the event of a parent being unavailable, two members of staff should accompany the child to hospital.

Staff should never take a child to hospital in their own car except in the case of an emergency.

First Aid Procedure

The first aid point is located outside the Year 1 classrooms and is manned during break times and lunchtimes.

All injuries will be recorded and parents informed by telephone if necessary (as determined by the appointed first aider)

Head Injuries

Any injuries to the head should be examined carefully and a parent informed. A 'head bump' letter should be sent home with the child although it would be preferable to have verbal contact, i.e. a phone call.

Staff Training and Support

The following staff have received general training:

School first aiders:

- A member of staff from each year group is first-aid trained (minimum requirement)
- At least one member of the EYFS team will be paediatric first aid trained

Named people for administering medicines:

- Any member of staff, as long as there is a signed permission medical form in the school office. This form has to be signed by the person administering the medicine as well as another member of staff, to witness this has been done correctly.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. This will be organised by the Inclusion Manager.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate permission. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Inclusion Manager will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

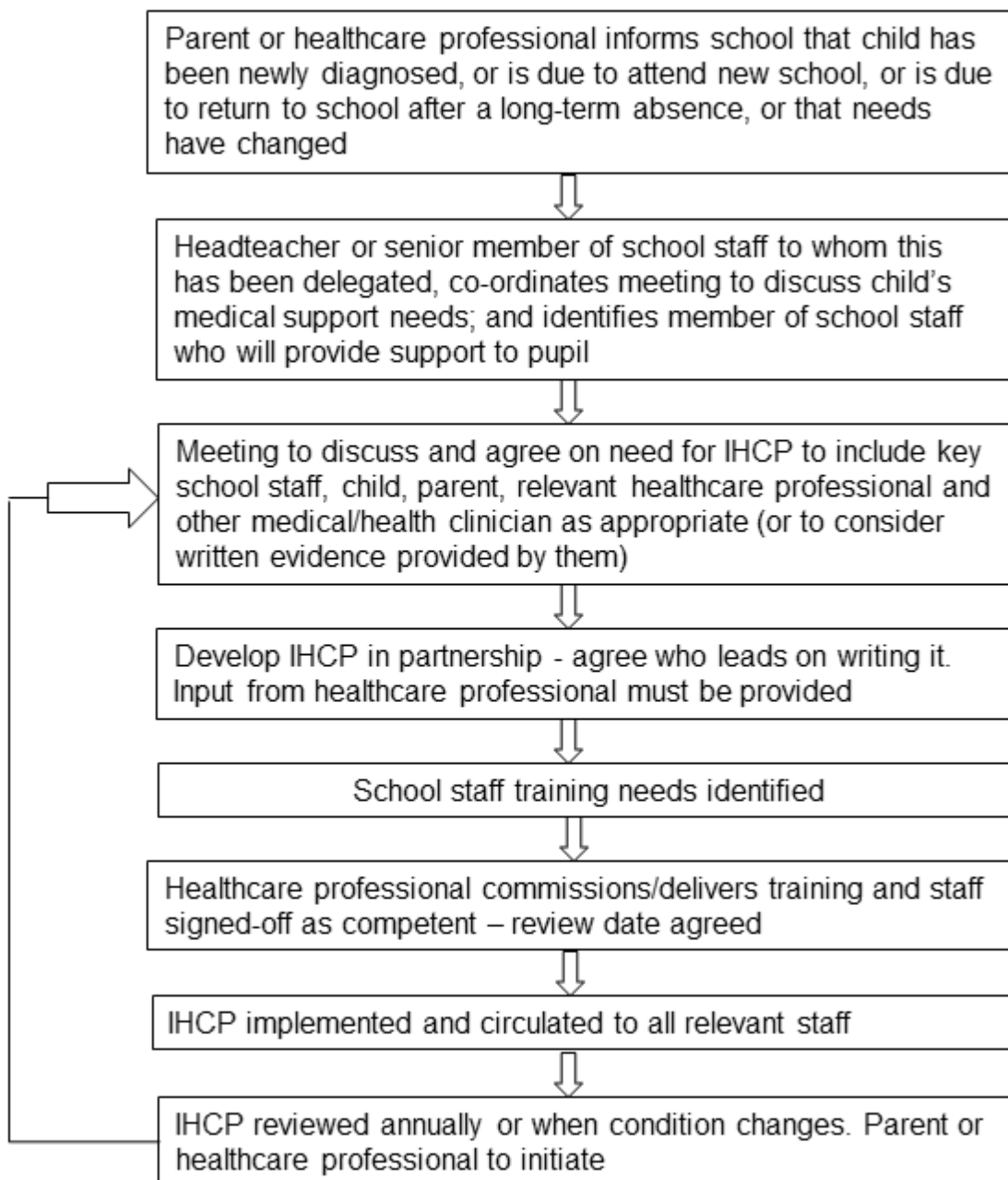
Liability and Indemnity

Bridge & Patricbourne CEP School's has insurance cover provided by KCC.

Complaints

Should parents/carers be unhappy with any aspect of their child's care at Bridge & Patricbourne CEP School they must discuss their concerns with the school. This will be with the child's Bridge & Patricbourne CEP School in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Bridge & Patricbourne CEP School Complaints Procedure.

Appendix A: Process for Developing an Individual Healthcare Plan



Appendix B: Individual Healthcare Plan

Name of school/setting	BRIDGE & PATRIBOURNE CE PRIMARY SCHOOL
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?

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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

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C: Administering Medication Form

Bridge & Patrixbourne CEP School

If you wish a member of the office staff to administer your child's medicine, please complete the following form.

Child's Name			
Date Of Birth		Class	
Full name of medication			
Medical condition			
Dosage and time to be administered			
Parent's Signature		Date	
Staff Signature		Date	

Return of Medication

Parent's Signature		Date	
Staff Signature		Date	

FOR OFFICE USE ONLY

Date	Time	Medication	Administered by	Countersigned By

Appendix D: Medicine Administered Form (Verbal Permission from Parents)

Date	Child's Name	Time	Medication	Dose Given	Reactions	Staff Signature	Print Name