

**Abbey Road
Primary School**



Medical Needs Policy

Abbey Road Primary School Medical Needs Policy

To be read in conjunction with:

- SEND Policy
- Equality Policy
- Child Protection Policy

Policy Statement

At Abbey Road Primary School we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and that as a school we have the responsibility to create the conditions for each of our pupils to access their education (and in line with Section 100 of the Children and Families Act 2014). As far as the school staff and Governing Body are concerned, we will make the necessary adjustments to the curriculum, make necessary environmental aspects and give appropriate social support to minimise the potential barriers which may be created. We aim to create a school community which accepts others as they are and value each other.

In developing this policy, the Governors of Abbey Road Primary School have taken heed of the statutory guidance laid out in the DfE document *Supporting pupils at school with medical conditions April 2014 - updated August 2017*.

Definition of medical needs

Children may be afflicted with a variety of medical needs. These may include:

- Long term medical needs – cystic fibrosis, epilepsy, diabetes, hearing loss
- Recurring medical needs – CFS/ME, leukaemia
- Life threatening conditions – leukaemia, cystic fibrosis
- Operations, road accidents – resulting in a period of recuperation
- Mental health – mood disorders, depression, anxiety disorders, obsession compulsive disorders, eating disorders, self-harming behaviour, psychotic disorders, tic disorders (including Tourette's syndrome)
- Effects of treatment for diagnosed medical conditions: steroids, chemotherapy, medication affecting performance and behaviour
- Infectious diseases – tuberculosis
- Degenerative conditions where deterioration in eyesight or physical mobility are expected
- Diagnosed low immunity/vulnerability to illnesses which could severely risk health or life, resulting in temporary self-isolation.

Aims

It is the aim at our school to ensure that each child with medical conditions is properly supported so that they have full access to education, including school trips and physical education, and they can play a full and active role in school life, remain healthy and achieve their academic potential. They will have a broad and balanced curriculum that prepares pupils for the responsibilities and opportunities for adult life. We are committed to providing pupils with medical needs as much education as their incapacity allows while minimising the disruption to normal schooling.

Organisation

Provisions must be made, either full or part time, for those children who may not attend school due to their illness.

We strive to:

- continue to provide a broad and balanced curriculum
- work in partnership with parents
- strive for individual flexible approaches as required by changing medical needs
- expect and achieve multi-agency co-operation

School's Responsibility

Our Governing Body must ensure that arrangements are in place to support pupils at school with medical conditions. They will ensure that policies, plans, procedures and systems are properly and effectively implemented.

The senior first aiders in school are: Alison Lovett and Anne Naake. The senior first aiders will ensure that all staff are aware of children's medical conditions within the school, with particular reference to their own class. They will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans. For more complex needs, this may also involve the school SENDco, Karen Mitchell.

The senior first aiders are responsible for ensuring that sufficient staff are suitably trained and informed. Whole school medical notes are available to all staff, including access to all health care plans within the school. This is discussed and updated regularly through staff meetings and briefings, including yearly training within staff inset days. Staff who are employed mid-year are informed of medical arrangements in school during part of their safeguarding induction.

School staff - any member of school 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. Staff will not undertake personalised health care procedures without appropriate training. School staff will receive sufficient and suitable training and achieve the necessary level of competency to fulfil the requirements as set out in individual healthcare plans, before they take on responsibility to support children with severe medical conditions.

The schools' responsibilities also include:

- keeping the pupil with medical needs on roll and including the pupil when planning
- continuing the pupil's access to education by providing work and materials for periods of absence, as appropriate
- ensure that pupils who have an illness/diagnosis which indicates prolonged or recurring illnesses have access and can enjoy the same opportunities at school as any other child
- Support reintegration back into school following long term absences so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend
- refer those pupils who have prolonged periods of time off school to Targeted Support, Education Other Than at School (EOTAS) or have direct contact with the home or hospital to ensure that education is continued
- produce an Individual Healthcare Plan with parents.
- listen to and value the view of parents and keep parents informed
- establish relationships with relevant local health services to receive and fully consider advice from healthcare professionals
- ensure that current attainment levels are made available to the support services
- offer to loan appropriate resource materials, where possible, to hospital or home teaching staff
- 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.
- ensure that staff are properly trained to provide the support that pupils need.

Parents and Carers Responsibilities

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a signed Consent Form. **Verbal instructions will not be accepted.**

Children should not be self-administering medication in school on a regular basis except under supervision for certain medicines eg. Inhalers. A written form of confirmation is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s). Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually. Care plans are to include medical needs only. Any other information or requests should be communicated with the class teacher in the usual ways, such as email to the school office, or verbally.

The parent(s) have a responsibility to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) have a responsibility to replace the supply of medication as appropriate, including at the request of relevant school/health professional. At times of a national medical supply shortage, for example auto injectors, school and parents will communicate with each other regarding extended expiry dates, in line with government advice.

Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose (This will be noted on the corresponding health care plan if applicable)
- Expiry dates whenever possible;
- Dispensing date/pharmacist's details.

School Staff Responsibilities

Medication will be administered by staff where written permission is given on the medicines consent form.

Prescribed medicines only will be administered, and only when it is necessary in school hours. (At least 4 times a day or more dosage unless in exceptional circumstances.)

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken. Staff who administer medication should record each dose given in the school record file.

All staff are trained on an annual basis by a member of the Healthy Families Team or trained staff member on the use of auto injectors (epipens) and inhalers.

When a school is notified about a child's medical condition:

- Arrangements will be in place in time for the start of the relevant school term. When there is a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- Where diagnosis is unclear, some form of medical evidence and consultation with parents will guide what support is most appropriate
- Medical information received from parent(s) will be collated via the school system Arbor. Staff are trained annually on obtaining, updating and responding to medical information, specifically medical class and group lists. These are kept in classrooms, staffroom and first aid rucksacks. It is the responsibility of parents to update Arbor with any new or changing medical needs. Office staff are alerted to any changes through the system and directly inform Senior First Aider Alison Lovett and the relevant class teacher/s.

Individual Health care plans

- The person responsible for ensuring health care plans are updated is Alison Lovett, by consultation with parents and relevant healthcare professionals where necessary. Certain medical needs may involve SENDco Karen Mitchell.
- In cases where conditions fluctuate, or where there is a high risk that emergency intervention will be needed, or where medical conditions are long-term and complex, such as food allergies, a health care plan will be used.
- The plan provides clarity about what needs to be done, when and by whom
- They will be easily accessible to all who need to refer to them, while preserving confidentiality
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should 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
- School will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

A Health Care Plan will include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines – the care plan usually doesn't state this, this would be the medicine record sheet of any reactions happen.
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Health Care plans should not include anything non-medical related, for example social preferences or behaviour needs.

The child's role in managing their own medical needs

- After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, where appropriate. This will be reflected within individual healthcare plans.
- The child will be able to access their medicines such as inhalers for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. Parents wishing for their child to carry their own medicines will need to fill in a request form (see annex 2).
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual healthcare plan.
- Parents will be informed so that alternative options can be considered.

Children's Medicines

- The school has a policy of storing children's temporary medicines centrally either in the school office or staffroom area, depending on storage requirements. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys where possible. This will be in the school office or staff room medicine refrigerator.
- The school will only accept prescribed medicines that are in-date (excluding national shortages where government guidelines extend expiry dates), labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Asthma inhalers are kept in classrooms in an area labelled with a first aid symbol and should be clearly labelled with the child's name and dosage instructions. Further school 'emergency inhalers' are available for children who have broken/empty inhalers. These are kept in the staffroom first aid area.
- Exceptions to this policy will apply to asthmatics who will carry their inhalers with them after the school has received advice from their GP.
- Although the school will monitor school owned medication expiry dates, it is the parents' responsibility to monitor their own medication also and provide new inhalers as necessary.
- Staff are not obliged to administer any medicine to any child and would be cautioned to take the advice of the Headteacher before doing so.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent.
- A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

- If a child is on antibiotics but well enough to be at school, it is preferable that a parent comes in to administer the dosage as required.
- If this is not possible the child may be administered the medication by a member of staff with written consent from the parents. This will normally only apply if the dosage is 4 times a day. See below further information regarding 'Antibiotics'.
- All staff have been trained in the use of Auto Injectors and inhalers and these are stored in clearly marked containers in areas where they can be quickly accessed. In the case of Auto Injectors, children have one (or two) in the staffroom in a clearly name labelled bag, along with antihistamine (if necessary) and the child's care plan. Another may be in the child's classroom (if possible), again clearly marked with the child's care plan accessible.
- Children requiring such medication should have Individual Healthcare Plans which their teachers should have been made aware of.
- Schools will keep a record 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

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this, please contact the Healthy Families Team.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible, the first dose of the course, and ideally the second dose, should be administered by the parent(s) in case of an adverse reaction.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label. Where there are allergies to antibiotics in school, they will be stored separately in a cool bag and not in the refrigerator.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil, unless in situations such as residential school trips, where parent consent is pre-arranged. Parental consent must be in place. **CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.**

OVER THE COUNTER MEDICINE (EG HAYFEVER REMEDIES)

These should be accepted only in severe exceptional circumstances and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term. Medicines such as inhalers/ epipens that are kept in school should be checked termly by parents.

REFUSING MEDICINE

When a child refuses medicine, the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

Day and Residential Trips

- It is part of the school's equal opportunities policy that no child should miss out on day or residential trips because of conditions such as diabetes, epilepsy or allergy etc.
- We will make arrangements for the inclusion of pupils in activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.
- Teachers should only administer medicine to any child with written and signed permission of parents or guardians and detailed instructions on timing, dosage and any side effects.
- It is hoped that any diabetic child old enough to attend a residential trip may be able to self-administer their medicine. However, parent's will be consulted regarding this.
- If the parent feels a child may need travel sickness pills, hay fever medication or painkillers of any sort these should be in the original packaging, clearly marked with their child's name and written permission for its use.
- Any medicines should be kept on the teacher's person or in a separate storage box on a residential trip. Class A drugs will be locked away at a safe place on a residential and remain with the teacher if on a day trip. In the case of inhalers, children will be given these to carry themselves if the main group is split into smaller numbers. The adult in charge of the group will be aware that the child has their inhaler on their person/bag. Inhalers are then collected back when the smaller groups merge back together by the main first aider.
- On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a sore throat, while away on an Educational Visit. In this instance the parental consent form will provide an "if needed" authority, which should be confirmed to parents by phone call or in person from the appropriate staff member when this is needed and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.
- The designated first aider for the trip will ensure all non-school medication is given back to the parents/carers on their return to school.

Emergency procedures

- Where a child has an individual healthcare plan, this will 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 will 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Unacceptable practice.

The school will not:

- 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; or ignore medical evidence or opinion, (although this may be challenged, or advice sought through medical practitioners for further advice or opinion);

- 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 diagnosed medical condition - eg hospital appointments - but evidence will be required, and school policy will be followed;
- prevent pupils with medical needs from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, 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
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child

Complaints

- 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.

Possible Services Involved

- Healthy Families Team
- Education Other Than at School
- CAMHS
- Education Psychology
- Social Services
- Health Services
- Healthy Families Team
- GP (General Practitioner)

Review date: March 2026

.Annex 1

GUIDELINES FOR THE ADMINISTRATION OF Auto Injector (EPIPEN) BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have Volunteered and have been designated as appropriate by the head teacher. Training of designated staff will be provided and a record of training undertaken will be kept by the school office. Training will be updated at least once a year to general staff.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date/in accordance with government guidance. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person. One will be kept on the staffroom wall in a clearly marked box, with a second (if possible) in the child's classroom . Where children go off site (eg to the other building, swimming, trips) the Epipen should be taken by a designated member of staff that is known to all.
4. It is parent responsibility to ensure school has appropriate medication. The Epipen should also be replaced by the parent(s) or at the request of the school staff if expired.
5. The use of the Epipen must be recorded in the school medicines log, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff, who have volunteered to assist children with inhalers, will receive training yearly during INSET.

1. When parents providing school with information around their child's asthma, it is assumed that staff will assist children with administering where age/needs appropriate. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. Older pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom, an extra school emergency inhaler available in the staffroom first aid cupboard, and also in the first aid trunk.
3. All inhalers should be labelled with the child's name. School inhalers are labelled 'Abbey Road Primary School'.
4. Some children, particularly the younger ones, may use a spacer device with their inhaler; this is considered helpful to be labelled with their name. School encourages all asthmatic children to use a spacer device but is led by parent information.
5. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
6. Parent(s) should be responsible for renewing out of date and empty inhalers.
7. Parent(s) should be informed if a child is using the inhaler excessively. When a child uses an inhaler, this should be communicated to parents with the time and dose.
8. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell, they should not be forced to participate.
9. If pupils are going on offsite visits, inhalers **MUST** still be accessible.

10. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
11. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. If pupils with diabetes are present in school, all staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

ANNEX 2

Contents:

Health Care Plan

Contacting Emergency Services

Request for child to carry his/her medicine

Staff training record - administration of medicines training

Permission form for pupils to receive medicines in school

Annual first aid renewal letter

Healthcare Plan

PHOTO

Name of School/Setting	
Child's name	
Tutor Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms:
Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number – 01159748055

2. Give your location as follows:

Abbey Road Primary School, Tewkesbury Close, West Bridgford, Nottingham

3. State that the postcode is NG2 5ND

4. Give exact location in the school/setting - e.g. Far playground, Hall etc.

5. Give your name

6. Give name of child and a brief description of child's symptoms - See Care plan if applicable

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the location – A member of staff will wait at the main entrance (only entrance by vehicle) to guide the vehicle. (If needed, the gates on the right-hand side will be opened to give access to the fields and playground by ambulance.)

Put a completed copy of this form by the telephone

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

Contact Information

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: Date:

If more than one medicine is to be given a separate form should be completed for each type of medicine.

Staff training record from (New layout 2016 onwards) - administration of medicines training

Name of School/Setting:	
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that the following members of staff have received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:	
Date:	

I confirm that I have received the training detailed above.

Staff name and signature:	Name	Signature

Date:		
Suggested Review Date:		