

STYAL PRIMARY SCHOOL



**Styal Primary School**

# FIRST AID, ILLNESS and MEDICINES POLICY

May 2023

Review May 2024

## STYAL PRIMARY SCHOOL

### First Aid, Illness and Medicines Policy

The health and safety of all children, staff and visitors at Styal Primary School is of the highest importance to all staff. This policy explains the practices in place to address the health needs of the children, resulting from accidents or medical conditions. Whilst this policy is written with children in mind, much of the content applies to adults as well.

Through the proper care, support and first aid provision, most children should be able to access to the whole curriculum. The detailed steps are addressed in this policy giving consideration to both first aid and a range of conditions and illnesses.

#### **First Aiders:**

Medical needs/allergies, along with photos, are listed in each classroom, the staff room, the school office, the head's office and the kitchen. A list of first aiders is also shown in these locations.

#### **First Aid Equipment is Kept:**

- First aid 'grab bag' in central location of staff room in the main building. This contains all inhalers / medication centrally along with emergency salbutamol and spacers and Adrenaline Auto-Injectors. Associated paperwork is kept here too. (It is the allocated lead First Aider's responsibility to check that all medication is in school and in date – to be checked half termly and recorded in Red First Aid Folder)
- Red First Aid Folder kept in staff disabled toilet
- Sick bowls and blanket are in the staff room, along with absorbent powder
- First aid grab bag in disabled toilet
- Wet floor sign in cleaning cupboard
- Additional refill supplies are in the cupboard outside the hall
- Reception / Year 1 Class cloakroom window ledge (box)
- Years 1/2 and Year 3/4 class cloakroom (x 2 grab bags)
- Year 5/6 class drawers by desk (labelled)
- Ice packs are kept in the fridge outside kitchen
- All medical waste is disposed of in the female hygiene waste disposal in staff toilet opposite Staff Room.
- ADDITIONAL FORMS FOR RED FOLDER ARE ON STAFF SHARE IN FIRST AID FOLDER

#### **Actions**

**Minor cuts/scrapes etc** - clean with non-alcohol based medi-wipes or clean water and if needed, plasters are available (*it is important to note any children allergic to plasters*). Vinyl gloves should be worn by staff, when dealing with blood.

**Head bumps** – cold compress / ice pack only to be used for head injuries so that swelling remains apparent. First aider to check for symptoms of dizziness, confusion, memory loss, blurry vision, sleepiness, headache, slurred speech, restlessness and sickness. First aider to check on patient approximately 30mins after the incident and recheck for any

of the above symptoms. If any symptoms are present then immediate medical attention to be sought.

**Potential broken bone/sprain** – get a second first aider, phone parents, make a judgement about whether or not the patient can be moved, be mindful of patient going into shock, decide ambulance or parent required to take to hospital - do not leave patient alone.

**Vomiting** – if a child is vomiting they should be taken to the toilet until a sick bowl (located in the staff room) is brought to them. The child should not be left alone at any time. After attending to the child's needs, ensure any vomit on the floor is covered by absorbent powder available (located in the staff room). Wet floor signs may be used as a warning (located in cleaning cupboard). It should be cleaned up as soon as possible. Soiled clothing should be removed and placed in a plastic bag. The child's PE kit should be used instead. Parents/carers should be contacted immediately and asked to collect their child. Children may not return to school until 48 hours after vomiting.

### **Recording:**

**We have introduced a traffic light system to support with the recording and informing of families of any incidents.**



Green – Small incidents that do not require first aid. Children will be given a green paper band to wear on their wrist to inform their family that they had a 'minor incident' but no first aid was administered. Wrist bands are kept in the disabled toilet. Children's names are recorded in a blue book (kept with the wrist bands).



Amber - **Minor cuts/scrapes etc** – to be recorded in Red Folder (First Aid shelf outside hall)



Red - **Head bumps** – red wrist band given by First Aider / First Aider to call home (inform parents that head bump advice is on School Website – under 'Parents' – if concerned / Class Teacher informed / Head Bump form completed and put in Red Folder/copy of head bump incident form sent home with child. ALL HEADBUMPS MUST BE RECORDED, EVEN IF THEY ARE ONLY MINOR. Patient must be sent home if any of the previously listed symptoms are present.

**Potential broken bone/sprain** – recorded in Red Folder, if patient goes to hospital then follow up phone call later that day/next day to secure information needed for PRIME (Mrs Tompkins to complete PRIME).

### **First Aiders responsible:**

**Lesson time:** If there is a named first aider in the class, they should deal with it in the first instance. In the event of this not being possible, then the closest first aider will attend.

**At playtime:** any minor injuries should be dealt with on the playground if a first aider is on playground duty. The First Aid 'grab bag', located in the disabled toilet, should be used for this purpose. If further treatment is required then another member of staff could be called out to relieve the first aider of her playground duties. If no first aiders are on duty then any first aider should be called. Class teachers should be informed of any injury/suspected illness.

**At lunchtime:** The midday supervisor is the nominated first aider for straight forward injuries. They are responsible for having a fully equipped first aid box outside. Where the injury is serious, an additional first aider needs alerting for further treatment. Class teachers should be informed of any injury/suspected illness.

**If it is thought that a child needs to be sent home then only the head or a member of the SLT can authorize this. The first aider who has dealt with the incident should make the call FROM THE OFFICE so that the office staff are kept fully informed.**

**School Trips:** The first aider attending the trip, or connected with that year group should be requested 48 hours before hand to prepare first aid packs, sick bowl, paper towels and vital medication for the trip. A class medical and home phone number list should be taken. The first aid pack should be carried by the teacher or first aider for use in minor incidents. Any prescribed medication for children or staff attending the trip, eg inhalers/anti histamine/adrenalin needed for emergencies, must be carried by the first aider. If a more serious incident occurs away from school, first aid help should be sought from the site being visited, if possible. Otherwise an ambulance should be called and the school informed. **If a child requires travel sickness tablets, they can only be administered by staff if they are in the original packaging. If not, then staff will have to refuse to administer them.**

**Sporting and other off-site educational events:** Staff should ensure they are aware of any medical needs prior to the event and take with them basic first aid bag, details of any medical needs, class contact list and any emergency medication.

**Before and After School Provision:** Staff should be aware of any children who may require emergency medication and where it is kept. Any clubs run by outside agencies should have their own qualified first aider. The 'After School' Club is a privately run organisation and is responsible for having its own first aid and medicines policy. **The school's emergency first aid and medicines grab bag should be taken to After School Club each evening and then returned to its central location at the end of every club.**

### **Serious Medical Incidents**

**Incidents dealt with in school:** A qualified first aider should be sent for immediately to deal with the incident. If it is serious they should call for a second first aider. The child must not be left unattended at any time. If referral to hospital is necessary the first aider will accompany the child to the hospital, along with another member of staff. The office will be informed and will be asked to contact parents/carers to meet the staff and child at hospital as soon as possible. A detailed incident sheet should be kept by the first aider so that the correct information can be given to the hospital and parent/ carer when they arrive.

**Incidents requiring emergency attention:** The decision to call an ambulance will be made by a first aider. They will inform the school office to do so. **A member of the SLT must be informed immediately. An ambulance will be called using a mobile phone so the first aider can be at the accident location. This is to ensure the correct information is given about the casualty, age and injury. It also ensures emergency services can give instructions to the first aider in serious situations. The office will contact parents/carers at this point by phone.**

A member of staff, with a mobile phone, will be deployed to go to the end of the cobbled road to direct the ambulance towards the school and the school gate must be opened so

that the ambulance can gain access into the school.

Any emergency medication should be administered and the first aider should remain with the casualty at all times. The first aider who dealt with the incident to accompany the casualty to hospital until the parents/carers arrive.

**Following any referral or attendance at hospital, Prime Safety must be informed. Miss Tompkins must be given full details of the lighting, floor surface, incident, witnesses and any other relevant information as soon after the incident as possible, so that they can report it. Photographic evidence of the site is also desirable.**

### **Children requiring short term medicine in school**

Wherever possible parents are to administer medicine at home, eg antibiotics. However, when this is not possible, only a trained first aider is to administer any medication in school. In order for medication to be administered in school, by a trained first aider, the following must be in place:

- Medication must be prescribed, with the child's full name on it and in its original packaging
- Parent/ carer must have completed the school's 'Administration of Medicines Consent Form'. This form is kept in the school office. Appendix 7.

The completed form is then to be attached to the whiteboard in the staff room.

It is best for administration of medicine to occur at either break or lunchtime wherever possible.

When a dose has been administered, it must be recorded on the above-mentioned form to ensure extra doses are not given. When the prescribed course is finished the form is passed to the school office to go in the child's file and any unused medicine is to be given to parents. If it occurs that the child is requiring medicine to be administered repeatedly over time, then a meeting will be held with parents to discuss the introduction of a Health Care Plan.

### **Children requiring long term medicine/medication in school**

**Some children, whilst fit to attend school, may, for prolonged periods of time or permanently, require to take medicine in school hours (for example those with severe allergies, diabetics, epileptics, asthmatics, etc). In this case the following additional guidelines apply:**

- Parents must make a written request for medicines to be administered
- The first aider shall ensure that a named person is responsible for medicines, together with a nominated deputy. The day-to-day mechanics of medicine will

usually be delegated to the first aider linked with the child's class (this may be a key worker employed to work specifically with the child.)

- The medicine will be provided by the parents
- Parents must supply in-date and named prescribed medicines
- A Health Care Plan will be produced together with the parents – [Appendix 6](#)
- The medicine must be provided in its original container clearly labelled with:  
child's full name, name of medicine, dose (inhalers to have a clear label stuck directly onto the inhaler)
- Parents must notify school in writing of any changes in medicine/dosage and are responsible for checking medicine is in date.
- 2 copies of Health Care Plans will be kept – one in the blue file above each teacher's desk and the other in the back of the First Aid Folder kept in the staffroom
- Medicines no longer required should be returned to the parents/carers for disposal and any related forms filed with the child's record. If medicine is not collected it should be taken to the local chemist for correct disposal.

**Individual Health Care Plans** should include the following:

- Details of the child's medical condition
- Date of birth and address
- Special requirements ie dietary needs, pre-activity precautions, etc
- Any side effects of the medicines
- What constitutes an emergency
- Who to contact in an emergency
- Doctor's name and contact details
- The role staff can play
- [Permission to administer emergency first aid and medicine](#)

### **[Asthma Advice Taken from Department of Health on the Use of Salbutamol Inhalers in School 2015](#)**

[Guidance allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler is only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler is used if the pupil's prescribed inhaler is not available \(for example, because it is broken, or empty\).](#)

[A standard letter to the pharmacist is included in this policy. A standard letter to parents to give permission to use school's emergency inhaler is also included. Appendix 2.](#)

**[Signs of an asthma attack include:](#)**

- [Persistent cough \(when at rest\)](#)
- [A wheezing sound coming from the chest \(when at rest\)](#)
- [Being unusually quiet](#)
- [The child complains of shortness of breath at rest, feeling tight in the chest \(younger children may express this feeling as a tummy ache\)](#)
- [Difficulty in breathing \(fast and deep respiration\)](#)
- [Nasal flaring](#)
- [Being unable to complete sentences](#)
- [Appearing exhausted](#)

- A blue / white tinge around the lips
- Going blue

- The emergency inhaler will be kept in a central grab bag located in the staff room. This will be taken to After School Club location each evening and then returned to its central location at the end of the club.
- School has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler. A copy of this is kept with the emergency inhaler.
- School has written parental consent for use of the emergency inhaler. Appendix 3.
- The emergency inhaler is only used by children with asthma with written parental consent for its use
- There is appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
  - School will keep a record of use of the emergency inhaler and inform parents by letter – Appendix 4.
- There are at least two volunteers responsible for ensuring the protocol is followed

**The emergency asthma inhaler kit includes:**

- 2 salbutamol metered dose inhalers;
- At least two plastic spacers compatible with the inhaler;

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

Asthma varies from child to child and can vary from a persistent cough, wheeze and tightness of the chest. Children are usually aware that they are having an asthma attack and should be encouraged to say when they need their inhaler. They usually know how to use their inhaler correctly with supervision and respond well and quickly to treatment. Inhalers are labelled and kept in the emergency grab bag in the central location of the staff room. When leaving the school ground (for a walk/school visit) inhalers must be taken too.

With any medicine, should a child refuse to take it, staff should not force them to do so, but should note this on the records and inform parents of the refusal on the same day.

**Pain relief**

Generally, if pain relief is required, then the child is not well enough to be in school. Pain relievers should not normally be administered by school staff unless these have been prescribed or for specific needs, such as following surgery or a bone injury.



## **Sudden Onset Conditions**

There may sometimes be extreme circumstances when a child suddenly needs pain relief in school, but they do not have any prescribed. In this situation if the parent is unable to collect their child within 2 hours of the complaint arising, then we will revert to our 'Sudden Onset Conditions Form' (Appendix 8). This will be sent out to all parents in September 2019 and will remain active during their time at Styal. Here, parents have the chance to opt in or out of school administering Calpol/Piriton/After Bite in extreme circumstances when their child is suffering extreme pain/discomfort and parents are unable to collect immediately. Examples are: period pain, temperature, wasp sting or toothache. When we need to revert to referring to the 'Sudden Onset Conditions Form' a first aider will always ring the parents before any medication is administered.

### **Taken from Department of Health on the Adrenaline Auto-Injectors in School**

Schools may administer a 'spare' adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. Appendix 5.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), school MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

While 'allergy' medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving.

### **The Emergency AAI Kit**

- 1 or more AAI(s).
- A list of pupils to whom the AAI can be administered.
- An administration record.

### **Storage, Care and Disposal**

- On a half termly basis, check the AAIs are present and in date.
- Replace AAIs when expiry dates approach
- Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics



on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

### **Illnesses**

Styal Primary School adheres to the DfE and NHS guidelines with regard to illness exclusion times from school – please see the ‘Exclusions Table’ for this information. There will be no exceptions to these timescales. [See Appendix 1.](#)

Vomiting and diarrhoea will have an exclusion period of 48 hours from ‘the last episode’ (NHS guidance).

### **In addition:**

If head lice are suspected, staff should not inspect that child’s hair but should give parents the standard leaflet about head lice. Children can return to school as soon as the hair has been treated. Following any notification of head lice, the head lice leaflet should be given to all parents (by parent mail too if possible) of that class.

Lip salve may be brought into school by pupils - however they should not be shared between children.

Cough sweets may be brought into school but they should be kept with the class teacher.

Medical needs/allergies, along with photos, are listed in each classroom, the staff room, the school office, the head’s office and the kitchen.

In cases where urgent treatment is required and the parent is not contactable, a teacher/first aider would have authority to agree to ordinary medical treatment.

Parents who have specific beliefs, such as Jehovah’s Witnesses, which have implications for medical treatment, should make their views and wishes known to school so that the consequences of their beliefs can be discussed and, if possible, accommodated.

It is the responsibility of the Lead First Aider to ensure that all first aid resources are well stocked. Time will be allocated for them to complete a termly audit and a half termly check on grab bags etc.

### **Training**

Staff should ensure that they are competent to deal with any treatment that they are taking responsibility for. If the school undertakes responsibility for the administration of special treatment, it is essential that adequate training is provided for the nominated persons. Any specific training required by staff on the administration of medication (eg epi-pen, diabetes, inhalers) is the responsibility of the school and would normally be arranged through the school nurse or in-house. Staff will not administer such medicines until they have been trained to do so.

The office will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

### **Legal Liability**

If a staff member undertakes the responsibility for administering medicines and a child were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the staff member concerned, subject to legal liability being established and if he/she has reasonably applied this policy.

### **Confidentiality**

All medical information must be treated confidentially. The Headteacher will agree with the parent/carer as to who should have information about the medical needs of the child.

### **Communicating and Promoting the Policy**

We will use staff meetings and training sessions to communicate the policy to staff; upload the policy onto the website; translate the policy where necessary and inform children where applicable.

***This policy was formulated by the Headteacher in consultation with staff in***

***April 2023 and will be reviewed in May 2024.***

***Signed***

***Lee Walsh - Chair of Governors April 2023***

***Louise Boardman – Headteacher April 2023***

Infection	Exclusion period
Athlete's foot	None
Chickenpox	Five days from onset of rash
Cold sores (herpes simplex)	None
Conjunctivitis	None
Diarrhoea and vomiting (all cases)	Whilst symptomatic and 48 hours after the last symptoms.
Diphtheria *	Exclusion is essential. Always consult with your local HPT
Flu (influenza)	Until recovered
Glandular fever	None
Hand foot and mouth	None
Head lice	None
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment
Measles*	Four days from onset of rash and recovered
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)
Hepatitis B*, C*, HIV	None
Meningococcal meningitis*/ septicaemia*	Until recovered
Meningitis* due to other bacteria	Until recovered
Meningitis viral*	None
MRSA	None
Mumps*	Five days after onset of swelling
Ringworm	Not usually required.
Rubella (German measles)	Four days from onset of rash
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed
Scabies	Can return after first treatment
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)
Threadworms	None
Tonsillitis	None
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers
Warts and verrucae	None
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics

## **Appendix 1**

### **Exclusions Table**

denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

## Appendix 2

# Letter to Pharmacist

[To be completed on headed school paper]

[Date]

Dear pharmacist,

### Adrenaline Auto-injector Devices

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school. The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase 'spare' back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

(Further information can be found at <https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>).

**Please supply the following device:**

Brand Name Adrenaline Auto- Injectors	Dose (milligrams or micrograms)	Quantity Required
Epipen	0.3mg	1

### Salbutamol Inhalers

Guidance from the Department of Health on the Use of Salbutamol Inhalers in School 2015 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

**Please supply the following devices:**

Item	Quantity Required
Salbutamol inhaler	2
Compatible plastic spacer	2

Kind regards,

**Signed:** Louise Boardman

**Position in School:** Headteacher

**Date:** xx

CONSENT FORM  
USE OF EMERGENCY SALBUTAMOL INHALER



**Styal Primary School**

**Child showing symptoms of asthma / having asthma attack...**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....

Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

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

Telephone: .....

E-mail: .....

Appendix 4

LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE



**Styal Primary School**

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....  
A member of staff helped them to use their asthma inhaler.

**[Delete one of the 2 statements below as appropriate]**

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

**Appendix 5**

CONSENT FORM  
USE OF EMERGENCY AAI



**Styal Primary School**

**Child / staff member showing symptoms of anaphylaxis:**

1. I can confirm that my child has been / I have been diagnosed with an allergy and has / have been prescribed an AAI.
2. My child has / I have a working, in-date inhaler, clearly labelled with their / my name, which they / I bring to school every day.
3. In the event of my child displaying / that I display symptoms of anaphylaxis, and if their / my AAI is not available or is unusable, I consent for my child receive / to receiving medication from a school AAI held by the school for such emergencies.

Signed: .....

Date: .....

Name (print).....

Child's name: .....  
 Class: .....

Address and contact details:  
 .....  
 .....  
 .....

Telephone: .....

E-mail: .....

**Appendix 6**

**Styal Primary Individual Health Care Plan**

This health care plan contains essential information including emergency and health care contact details, medical and dietary requirements, first aid guidance, record keeping procedures and other information necessary to support a child who has specific health care or medical needs. All school qualified first aiders will be responsible for providing support in school.

**Child's Full Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**Year Group/Class:** \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

<b>Home Address:</b>           <b>Tel:</b>	<b>Health Professional Contact:</b>   <b>Address:</b>     <b>Tel:</b> <b>Email:</b>
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<b>Preferred Hospital</b>	<b>First Emergency Contact Number</b>

**EMERGENCY CONTACTS**

The following people will be contacted in an emergency.

Name	Relationship	Tel:



**Doctor/Hospital Information**

<b>Doctor's Name:</b>  <b>Address:</b>   <b>Tel:</b>	<b>Details of other professionals involved.</b>
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**Please Provide details of any medical/health condition and specific health care requirements for your child. THIS INFORMATION COULD BE VITAL IN AN EMERGENCY.**

**Medical/Health Condition-Requirements for Individual Health Care Plan.**

Please provide details of any diagnosed medical/health condition or reason why your child requires additional health care support:

**Date of diagnosis** \_\_\_\_\_

**Medical History:**  
Please provide details of previous or significant changes in your child's condition.

**Current Treatment/Daily Management**  
Please give details of how your child's condition is currently managed and what medication is prescribed. Please also include any triggers or warning signs your child might express before becoming unwell.

**Please provide details of ALL your child's current medications/treatments. Please include ALL medications. THIS INFORMATION COULD BE VITAL IN AN EMERGENCY.**

**Medication/Treatment**

**Name of medicine** \_\_\_\_\_ **Date prescribed** \_\_\_\_\_  
**Medication provided has child's full name and is in original packaging** \_\_\_\_\_ **(yes/no)**

Date	Time Given	Dose	Administered By


Please note that a separate form will be required to be signed in order for medication to be administered to your child. These forms can be obtained at the school office. Please check the Medicine Policy for details of Use, Storage and Administration for further details.

**Please provide any other details of any other medication your child receives.**

**Please list any known allergies to medicines and or food allergies/ intolerances:**

**Is there any other information that you feel may be important with regards to your child's health care plan?**

**Parent Contact, Reporting and communications and Reporting Procedures.**

Please use this space to detail what information must be recorded each day in relation to your child's specific health care requirements. How will this information be shared with parents or other relevant professionals?

**Parents are to be contacted under the following circumstances.**

Should your child become unwell or distressed over any medical needs, parents will be contacted immediately and may be required to collect their child.

**Arrangements for School Visits and Trips**

**Please advise first aid staff of any other information that might be required if your child has a school trip or residential. Allocated first aid staff will be responsible for the safe keeping of all medicines.**

**Parent Consent and Declaration**

I confirm that the information given on this care plan is accurate and up to date. I will keep the school informed of any relevant information with regards to my child's condition, medication and treatments and I am happy for my child's school to call emergency services and administer first aid should my child become seriously unwell.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Childcare Provider Declaration

I confirm that the information given on this care plan has been checked by the child's parents and is accurate and up to date. I will ask the parents to review this care plan every 12 months or as soon as changes are required. In the event of an emergency, 999 will be called immediately and first aid administered by a qualified first aider until emergency services arrive unless otherwise stated. We agree to follow the procedures described in this care plan in order to ensure the safety and wellbeing of the child.

Headteacher's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Lead First Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Miss Tompkins)

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

**All forms must be handed to the lead first aider when complete.**

### Appendix 7



### Administration of Medicines Consent Form

In the event that you are unable to come into school to administer medication yourself, as a last resort you can request the school to give medication at the discretion of the Headteacher.

I request that .....(FULL NAME OF PUPIL) be given the following medicine(s) while at school.

Name of Medication .....

Duration of Course .....

Dose prescribed .....

Date prescribed .....

Time last given .....

Time to be given: at lunchtime/as required (please delete) Other: .....

(Please note that medicines are usually only given at lunchtime except in exceptional circumstances)

The above medication has been prescribed by the family or hospital doctor. The packaging is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered to the school and collected by me or the under-mentioned responsible adult. UNDER NO CIRCUMSTANCES MUST CHILDREN BRING MEDICINES INTO SCHOOL.

I/We accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

I/We accept, for ongoing medication, responsibility for checking medication is in-date.

Signed .....

Name (printed) .....

Relationship to child .....

Contact telephone number .....

Date .....

**Note to Parents:**

Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the relevant first aider.  
The agreement (for long term medicines) will be reviewed on a termly basis  
The governors and Headteacher reserve the right to withdraw this service.

**Agreement of a staff member/first aider**

I agree to administer the above. I will record time, date, dosage and sign this form when I administer the medication. At the end of the course of medication, I agree to ensure medicines are returned to the parent/guardian and hand this form to the office for filing in the child's records.

Name..... Date .....

Date					
Time given					
Dose given					
Name of staff					
Staff					

signature

Date					
Time given					
Dose given					
Name of staff					
Staff					

signature



**Styal Primary School**  
Valuing the Individual to Believe and Achieve

Appendix 8

**Administration of pain relief for sudden onset conditions**

Children should not be sent to school if you know that they are unwell. However, there are occasions when your child can develop into a state of unwell during the school day (for example as a result of the onset of a temperature, a wasp/bee sting, period pains, tooth-ache). The best option in this situation is always for you to collect your child and take them home, however we are aware that there are sometimes situations when this is not possible. For these unusual circumstances we ask that you complete the below opt in/out form, as we can only ever administer medication if we have written consent. This consent form will remain active throughout your child's time at Styal.

*Please circle:*

***I give permission for my child .....to be given a 5ml dose of Calpol. YES / NO***

***I give permission for my child .....to be given a 5ml does of Piriton. YES / NO***

***I give permission for my child .....to have an application from an After Bite pen. YES / NO***

When we need to revert to referring to the above permissions form, a member of staff will always ring you before any medication is administered.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_