




PHMAT MEDICAL NEEDS POLICY

Document Control Table

Title	PHMAT Medical Needs Policy
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Approved By Name	Andrew Brocklehurst (Chair of Trustees)
Signature of Approval	
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Document History

Date	Author	Note of Revisions
July 2021	RK/NH	Complete Policy Revision with additional Appendices 1 and 2
July 22	RK	Added page numbers Pg. 5 explicitly added that 2 members of staff are needed to administer medication Appendices – added explicitly added 2 members of staff for signatures to all forms Appendices – added medication return date and signature to forms
July 23	RK/ NH	Pg. 1 – removed “small” from second paragraph as there are more than a small number of pupils Pg.4 – added or “any member of staff” to first line of section (iv) Pg. 5 – added where sharps bin will be kept

Statement of Principles

Most pupils will, at some time, have a medical condition that affects their participation in some or all school activities. For most this will be short-term and where medication is required it will only involve finishing off a prescribed course, such as antibiotic eye drops etc.

A number of pupils have medical conditions that, if not properly managed, will limit their access to an appropriate education. These pupils are said to have medical needs. Most pupils with medical needs are able to attend school regularly and, with appropriate support, can take part in all, or almost all, normal school activities.

The Trustee, CEO, Executive Headteachers and staff of Perry Hall Multi-Academy Trust will conform to all statutory guidance and work within guidance issued by Wolverhampton Local Authority and Wolverhampton City Primary Care Trust (PCT).

Perry Hall Multi-Academy Trust:

- Is committed to ensuring that all pupils have access to as much education as their medical condition allows, in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- Recognises the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- Recognises that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as a special school, the Home and Hospital Tuition Service. or the Orchard Centre Pupil Referral Unit (PRU).
- Will work with specialist providers, whenever necessary, to ensure smooth transition to (and where appropriate back from) the specialist provision and, as far as is possible, provide continuity in learning.

Responsibilities

(i) Trustees

The Trustees of Perry Hall Multi-Academy Trust:

- Will ensure that the Trust has an effective policy on the management of pupils with medical needs and that a summary of the policy is included in school handbooks.
- Have delegated day-to-day responsibility for the management of pupils' medical needs to the Heads of Schools/Headteacher.
- Will receive information on issues relating to the management of pupils with medical needs via the Heads reports.
- Will review the effectiveness of this policy on a regular basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.
- Will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.

(ii) CEO

The CEO will ensure that procedures are in place for formal agreements to be drawn up between the school and parents/carers of pupils with medical needs and:

- Is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.

(iii) Headteacher

Subject to the provisions set out in this policy and guidance document, the Heads of School will accept responsibility for their schools giving, and/or supervising pupils taking, medication during the school day and:

- Will ensure that all staff are aware of the statutory duties and safeguards that apply to their post.
- Will be responsible for the school's system of record keeping for pupils with medical needs.
- Will ensure the confidentiality of all records on pupils with medical needs.
- Will ensure that teachers understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend school regularly and, with appropriate support, take part in all, or almost all, normal school activities.
- Will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- Will monitor the attendance of pupils with longer term medical needs.
- Will assist in maintaining contact with pupils out of school because of medical needs.
- Will attend multi-agency reviews as required.

- Will ensure that, wherever appropriate, pupils out of school for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- Will provide appropriate agencies with confidential access to school records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.

(iv) Teachers and Other Staff

There is no statutory/contractual duty for teachers or any member of staff to administer medicine in school. However, there may be staff members within PHMAT schools who have volunteered to administer medication. These members of staff will be named on individual health care plans or medical administration forms completed by the parents and the school.

In an emergency, swift action would need to be taken by any member of staff to secure assistance for any pupil. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on school premises. This duty extends to teachers leading any activities taking place off the school site. Parents of children with medical conditions may be asked to accompany their child on those occasions.

When pupils are out of school for periods of time with a medical condition, it is the responsibility of the class teacher to:

- ◆ Ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- ◆ Maintain contact with the pupil and his/her family.
- ◆ Ensure that the pupil is welcomed back into school with the minimum of disruption.
- ◆ Ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

Medication Brought Into School

With most medication prescribed for a pupil, parents/carers will be able to manage this before and after school and there is no need for medication to come into school.

No medication will be allowed into school unless it is clearly prescribed and labelled with:

- The child's name
- The name and strength of the medication
- The dosage and when the medication should be given
- The expiry date

This information should be checked each and every time that medication is administered.

- ❖ All medication must come into school in the original child-proof container and be accompanied by the original guidance literature.
- ❖ Where two types of medication are required, each should be a separate container.
- ❖ Where medication is required long-term, a letter from the pupil's General Practitioner (GP) or consultant must accompany the medication.
- ❖ Parents/carers should hand all medication to the named contact or the Headteacher/Head of School on arrival at school. The best way of dealing with the medication will be agreed.
- ❖ Medicines will normally be stored in a locked cupboard in the office or where necessary, in the lockable refrigerator and accessed only by staff named.
- ❖ All medication must be administered by 2 members of staff present. Both must check the correct medication is being administered and sign the appropriate forms.
- ❖ Certain medicines, such as asthma inhalers, epi-pen, insulin pen etc. may need to be readily available to pupils. These will be kept in an agreed, secure area of the child's classroom, or carried by the child's teacher / one to one support in a medical bum-bag.
- ❖ Disposal of needles needs to be carried out in a yellow sharps bin, which is to be provided by the parents/carers. This bin will be kept in a safe and secure place that only adults can access.
- ❖ Parents must sign to say they have asked the school to administer medications using a form (see appendix 1)

Prescribed and Non-Prescribed Medication

Medication issued on the instructions of a member of a Primary Care Trust (most usually a GP or consultant) are known as prescribed drugs.

Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils. These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this guidance.

Under no circumstances will medication be given to pupils unless written permission has been obtained from parents/carers.

Some non-prescribed or homeopathic medication needs to be taken on a very regular basis. Medication of this type will only be allowed into school with the express permission of Headteacher/Head of School and when parents/carers have completed all necessary forms.

Off-Site Activities

Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. These includes activities such as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience, work experience/college placement.

A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agreed the best way forward. A written agreement will be reached before the activity takes place.

Special Educational Needs and Pupils with Medical Needs

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the school, in order to make adequate progress in their learning.

In this case, an individual health plan will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The SENCO's at the schools has responsibility for overseeing provision for pupils on individual health plans. See appendix 2

Pupils receiving education otherwise than at school because of medical needs

Where responsibility for the education of a pupil with medical needs transfers to another school, home tuition service or pupil referral unit, school SENCOs will ensure that relevant school records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education otherwise than at school because of medical needs, they remain on the roll of school. In these cases, the SENCOs will attend review meetings and provide materials for agreed work programmes on a termly basis.

As part of safeguarding, where appropriate checks, regular wellbeing home visits and calls will be made to the child's home.

Monitoring, Review and Evaluation

The implementation of this policy will be monitored by the SENCO's and issues will be reported to Governors through the Head Teacher's report.

The success of this policy will be evaluated by the Executive Headteacher, staff and governors and reported to parents, with any proposals for improvements.

Managing Complaints

Any complaints should follow the Trust's complaints policy

Form M1

Emergency Planning

Request for an Ambulance to:

--

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

1.	Your telephone number
2.	Give your location as follows: (insert school address and postcode)
3.	Give exact location in the school (insert brief description)
4.	Give your name
5.	Give brief description of pupil's symptoms
6.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information asked

Form M2

Healthcare Plan for a pupil with a medical need

Name	Photo
Date of Birth	
Condition	
Class	Date
Name of School	Review Date

This plan has been completed in consultation between the parent(s)

_____ and _____

Name	Organisation/Position

Contact Information:

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	
Clinic/Hospital Contact		G.P	
Name		Name	
Phone No		Phone No	

Describe condition and give details of pupil's individual symptoms:

Daily Care Requirements (e.g. before sport / at lunchtime):

Describe what constitutes an emergency for the pupil and the action to take if it occurs:

Follow-up Care:

Who is responsible if there is an emergency (NB different people may be responsible in different circumstances):

Copies of this form sent to (e.g. school nurse etc):

Parent/Guardian signature:

Date:

Staff Member Signature:

Date:

--

Form M3

Request to school for administration of medication

The school will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and the Head Teacher has given you written confirmation of their agreement.

DETAILS OF PUPIL

Surname:	Forename(s):
Condition or illness:	Class

MEDICATION

Name/Type of Medication (as described on the container)	
How long will your child take this medication for:	
Amount of medication provided by the parent:	
Date Dispensed:	Medication expiry Date:
Full directions for use:	
Dosage and method:	
Timing:	
Special precautions:	
Side effects:	
Who will keep this medication? School _____ / Pupil _____	
Self administration: Yes / No	
Procedure to take in an emergency:	

CONTACT DETAILS

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date Relationship to pupil

Signature(s)

Form M4

Record of medicine administered to an individual child

Name of school/setting

Name of
of birth

child Date

Date medicine provided by parent

Class

Date dispensed

Name and strength of medicine
Plus amount provided by the
parent (if appropriate)

Name:
Strength:
Amount provided:

Expiry

date

Dose and frequency of medicine

Staff signature

Signature of parent

Date medication returned to parent

Amount returned to parent (if
appropriate)

Staff signature

Signature of parent

July 2023 – July 2024

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Date	/ /	/ /	/ /
Time given			
Dose given			
Name and signature of member of staff			
Name and signature of member 2nd Staff member present			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name and signature of member of staff			
Name and signature of member 2nd Staff member present			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name and signature of member of staff			
Name and signature of member 2nd Staff member present			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name and signature of member of staff			
Name and signature of member 2nd Staff member present			

Form M5

Headteacher/Head of School agreement to administer medicine

Name of School/Setting

It is agreed that (name of the child) _____ will receive

(quantity and name of medicine) _____ every day

at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

It is agreed that _____ will be given/supervised whilst

he/she takes their medication by (name of member of staff) _____.

This arrangement will continue (either end date of course of medicine or until instructed by parents) _____.

Date

Signed _____
July 2023 – July 2024

(The Headteacher/Head of School/named member of staff)

Form M6

Record of Medicines Administered to All Children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Form M7

Guidelines and plan for administration of rectal diazepam in epilepsy and febrile convulsions

Individual care plan to be completed by or in consultation with the medical practitioner.

Name of pupil/student

Seizure classification and/or description of seizures which may require rectal diazepam (record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc). Include information re: triggers, recovery time etc. If epileptic, note whether convulsive, partial or absence).

Classification/status of seizure

Usual duration of seizure

Description of usual seizure

Any other useful information

DIAZEPAM TREATMENT PLAN

1. When should rectal diazepam be administered? (please note here; should include whether it is after a certain length of time or certain number of seizures)

2. Initial dosage: How much rectal diazepam should be given initially? (Note recommended number of milligrams for this person)

3. What is the usual reaction(s) to rectal diazepam?

Form M8

Healthcare plan and agreement for a pupil with anaphylaxis

4. If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?

Guidelines and Plan for treatment of Anaphylaxis

Anaphylaxis is an allergic condition that may be triggered by allergens, the most common of which include food, eggs, cows milk, nuts, shell fish or fish, or drugs or venom from stinging insects (honey bee, wasp, hornet).

In its most severe form the condition can lead to loss of consciousness and death from suffocation if prompt treatment is not given.

When Anaphylaxis has been diagnosed a doctor or Paediatrician will prescribe medication for use in an emergency collapse.

Signs and Symptoms

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Healthcare plan.

Within an agreed framework, and with parental consent, no child will be denied access to school as a result of this condition.

A procedure and written plan for managing the care of the child, particularly in the event of an anaphylactic reaction, needs to be agreed by the Head Teacher, school staff, parents/carers and the child's Medical Advisor before the child begins school.

In addition, volunteer members of staff will need to be trained by the child's School Nurse in the administration of medication which may be needed in the event of an anaphylactic shock.

The procedures and training of staff need to be reviewed by all parties on an annual basis and revised each time the child changes school.

A copy of the signed protocol should be sent to the Principal Officer, Health and Safety. If significant changes are made to the recommended protocol, those changes must be approved by the Children & Young People's Site Development Team before the protocol is signed.

Copies of the written and signed protocol should be retained by the school, the parents/careers and the child's Medical Adviser.

Contact Officer

Melanie Wilson Telephone: 01902 554199 or Email:

melanie.wilson@wolverhampton.gov.uk

Healthcare plan and agreement for a pupil with anaphylaxis

School

Child's
Name

Date of Birth

Class

1.0 BACKGROUND

1. It is thought probable that the above named child may suffer an anaphylactic allergic reaction if they eat nuts or products containing nuts?

Yes ☐ No ☐

a) Is your child allergic to any other foods (please state)?

b) Are they allergic to other foods which are yet unknown?

Yes ☐ No ☐

c) Is it thought they may suffer a similar reaction (as stated in question 1) if stung (bees or wasps in particular)?

Yes ☐ No ☐

If this occurs they will need medical attention and, in an extreme situation, the condition might be life threatening. However, medical advice to diet, and in particular the medication, is all that is necessary. In all other respects, it is recommended by _____
_____ consultant that education should carry on as normal.

d) Does your child suffer from an asthmatic condition?

Yes ☐ No ☐

If so, they made need access to a _____
Inhaler.

2.0 DETAILS

The Headteacher will arrange for the teachers and other staff in the School to be briefed about the condition and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that your child does not eat any food items unless they have been approved by his/her parents/carers.

Parents/carers will remind him/her regularly of the need to refuse any food items which might be offered by other pupils.

In particular, a suitable mid morning snack and a suitable packed lunch will be sent with the child each day.

If there are any proposals that may mean your child will leave the school site, prior discussions will be held between the school and you in order to agree appropriate provision and safe handling of his/her medication.

Whenever the planned curriculum involves cookery or experiment with food items, prior discussions will be held between the school and you to agree measures and suitable alternatives.

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

A bottle of PIRITON and two EPI-PENS are to be held in secure conditions known to all staff, in agreement with the school's Medical Policy. (Note:- detail medication as appropriate).

The parents/carers accept responsibility for maintaining appropriate up-to-date medication.

3.0 ALLERGIC REACTION

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation. Then the condition will be immediately be reported to the Head Teacher/Teacher in charge.

On receipt of such a report, the person in charge, if agreeing that the condition is a cause for concern, will:-

Instruct a staff member to contact in direct order of priority:-
AMBULANCE – EMERGENCY SERVICES – 999

G.P – DR. _____(note details)

MESSAGE TO BE GIVEN
ANAPHYLACTIC REACTION (include any other relevant details)

Then inform the following people in the following order:-

Mother: Home _____ Work __

_____ Mobile _____.

Father: Home _____ Work __

_____ Mobile _____.

Other contacts:-

Whilst awaiting medical assistance the Headteacher and designated staff will assess the condition and administer the appropriate medication in line with perceived symptoms and following closely the instruction given by the doctor during the staff training session.

The following procedure will be followed:-

- Bad tummy ache..... Itchiness.....
Irritated..... Distressed..... Tickly
throat..... Vomiting

Wheeziness blotchiness Skin becoming raised
and red.

TWO 5ML SPOONS OF PIRITON WILL BE GIVEN

- Pale.....drowsiness.....difficulty breathing.....blue
lips.....unable to puffs.....losing consciousness.

**EPI-PEN ADRENALINE AUTO-INJECTION INTO THE FLESHY PART OF
THE THIGH**

In the event of there being no improvement the second epi-pen is to be given.

The administration of this medication is safe and even if it is given through misdiagnosis it will do him or her no harm.

On the arrival of the qualified medical staff the teacher in charge will appraise them of the medication given. All medication will be handed to the medical staff.

After the incident a debriefing session will take place with all members of staff involved.

Parents/carers will replace any used medication.

4.0 TRANSFER OF MEDICAL SKILLS

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of _____
_____ (name) having an allergic reaction.

Named staff being:-

_____ (to be reviewed annually)

A training session is to be arranged for all members of the school staff. The community pediatrician or G.P will explain in detail the condition.

The symptoms of

an Anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail.

Further advice is available to the school staff at any point in the future when they feel the need for further assistance. The medical training will be repeated at the beginning of each academic year.

5.0 RECORDS

A detailed entry will be made in the schools record of medication administered in school.

6.0 LIABILITY INSURANCE

The Council's Insurers have agreed that any public liability claim, arising from the administration of drugs (including by injection), will be dealt with by the Council's liability policy and provided that:

- A General Practitioner or other suitably qualified person has given staff training in the administration of the drug; and
- The drugs administered do not fall within a category that under legislation is required to be administered only by a qualified practitioner.

7.0 AGREEMENT AND CONCLUSION

I _____ of _____

,

being the parent of _____

('my child'), who suffers from Anaphylaxis hereby confirm that I consent to my child being included in education provided by Wolverhampton City Council in full knowledge of the risk of illness to my child due Anaphylaxis and that Wolverhampton City Council, its servants or agents, shall not be liable for any illness, bodily injury, disablement or death, which in view of independent medical advisers is directly or indirectly attributable to an anaphylaxis.

Signed _____.
Dated _____:

A copy of these notes will be held by the school and the parents/carers.
A copy will be sent to Cathy Higgins, Consultant Community
Paediatrician, Dr _____
(the G.P) and the Local Authority for information.

Any necessary revisions will be the subject of further discussions
between the school and the parents/carers.

On a termly basis, any changes in routine will be noted and circulated.

AGREED AND SIGNED on behalf of the school.

_____(Head Teacher) _____
(date)

_____(Chair of Governors) _____
(date)

Form M9

Additional Planning for a Pupil with Diabetes

Name: _____

Date of Birth: _____

Class: _____

Photo

See General Healthcare Plan for contact details.

Occurrence of Hypoglycaemia (low blood sugar levels)

Typical symptoms for this pupil (completed with parents/carers)

Treatment

Sugary foods should be given immediately.

Suitable sugary foods for this pupil are:

Quantity needed:

Signed _____.

Date _____.

Form M10

Additional Planning for a Pupil with Asthma

Name: _____

Date of Birth: _____

Class: _____

Photo

See General Healthcare Plan for contact details.

In case of a severe attack of Asthma

Typical symptoms for this pupil (completed with parents/carers)

Medication required and treatment procedure:

Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication

Signed _____.

Date _____.

Form M10a

**Emergency Spacer/Inhaler
Collection/Delivery Form**

School Nurse

School

Base

Device taken (please tick):

Volumatic ☐ **Salbutamol** ☐

Emergency Spacer/Inhaler Guidelines in Spacer Box:

Yes ☐ **No** ☐

School Name on Box:

Yes ☐ **No** ☐

Expiry date on inhaler:

Signature of Nurse:

Date:

**Signature of Education
Personnel:**

Date:

Copy to be kept in school.

Copy to be kept with School Nursing Service Asthma Records.

Form M11

Staff Training Record – Administration of Medical Treatment

Name

Name of
school/setting

Type of training
received

Training provided by
(organisation)

Date of training

completed

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

I confirm that the procedures/drugs administered do not fall within a category that under legislation is required to be carried out/administered only by a qualified practitioner.

Re-training/re-assessment required by
(date).

Trainer's signature _____ Date _____.

I confirm that I have received the training detailed above.

Staff signature _____ Date _____.

Suggested Review Date _____.

Parent Consent for Off-site and Residential Visits.

M12

Dear Parents/Carer.
MEDICAL INFORMATION

The school will not give your child any medication unless you complete and sign this form.

**Note: All medicines must be in the original container/package.
Medication given by the doctor must be recently prescribed and in date.**

Please complete this form and return it to school. It relates to the journey or activity about which you have already received information. The organiser will take this form with him/her on the activity.

The form gives your consent for your child to take part in the residential. Without this form, accurately completed and signed, **YOUR SON/DAUGHTER WILL NOT BE ALLOWED TO ACCOMPANY THE GROUP.**

No child will be refused permission to accompany the group because of information given below.

Parents/Carers should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff are obeyed.

SECTION A DETAIL OF CHILD AND JOURNEY

Name of
Child

Date of

Birth:

Class:

Name of School

Destination of Journey (please see information already provided for specific activities):

Date
(s)

From

To

inclusive

SECTION B MEDICAL INFORMATION

1. Does your child suffer from any condition requiring treatment or any recurring illness (including asthma, diabetes or epilepsy)?

Yes ☐

No ☐

If YES give details below:

--

If your child requires medication for this please complete:

Typical symptoms for this pupil

--

Medication required and treatment procedure:

Quantity needed:

--

Usual response to medication (include approximate response times)

--

Procedure in case of failure to respond to medication

--

2. Is your child currently receiving medication?

Yes ☐

No ☐

If YES, please give brief details below

3. Does your child have any known allergies (i.e. certain foods, pets, animals, medication, hay fever)?

Yes ☐

No ☐

If YES, please give brief details below

4. Does your child suffer from travel sickness?

Yes ☐

No ☐

If you have answered yes to either Q2, 3 or 4 please complete:

Name/Type of Medication (as described on the container)	
How long will your child take this medication for:	
Date Dispensed:	Medication expiry Date:
Full directions for use:	
Dosage and method:	
Timing:	
Special precautions:	
Side effects:	
Self-administration: Yes / No	
Procedure to take in an emergency:	

Authorised by the Head teacher.

Signed: _____ Date:

5. Does your child have any specific dietary requirements?

Yes ☐

No ☐

If YES, please give details below

6. Has your child been immunized against Tetanus?

Yes ☐

No ☐

If YES, please give the date the last injection was given.

7. Has your child been in contact with any infectious disease during the last three weeks?

Yes ☐

No ☐

If YES, please provide brief details

8. If necessary we may provide your child with sun cream. Has your child any allergies to any sun cream?

Yes ☐ (if yes, please provide your child with their own) No ☐

FAMILY DOCTOR INFORMATION

Child's
NHS
Number

Name
Of GP

Address

Telephone No

SECTION C DECLARATION

1. I would like my son/daughter to take part in this residential and having read the information previously provided, I agree to him/her taking part in the activities described.
2. I confirm that my child is fit to participate

3. I agree to advise the Head Teacher as soon as possible, of any changes in circumstances referred to on this form between the date signed and the start of the journey.
4. I understand that following a risk assessment, certain activities may be considered too hazardous for my child to participate in. (Alternative activities will be offered in these circumstances)

IN AN EMERGENCY

5. I consent to my child being given any medical, surgical or dental treatment, including general anesthetic and blood transfusion, as considered necessary by the medical authorities present.
6. I agree to any appropriate form of transport being issued.
7. I give consent for my child to be given general first aid attention. i.e. plasters, cold compress, bandages, non-alcoholic antiseptic wipe, etc. by a member of staff.
8. I may be contacted by telephoning the following numbers.

Please sign to consent to your child being given pain relief (calpol, paracetamol) during the off-site visit. A telephone call will be made prior to any pain relief (calpol, paracetamol) being administered.

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

Name

 Work Mobile

Home

My home address is:

An alternative person to contact is:

Na Telephone
me No

Any other contacts you wish to provide:

Parent/Carer	Signed Date
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Appendix 2: Being Notified a Child Has a Medical Condition

