




PHMAT MEDICAL NEEDS POLICY

Document Control Table

Title	PHMAT Medical Needs Policy
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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

Contents

1. Aims	3
2. Legislation and statutory responsibilities.....	3
3. Roles and responsibilities.....	4
4. Equal opportunities.....	5
5. Being notified that a child has a medical condition.....	5
6. Individual healthcare plans.....	5
7. Managing medicines.....	6
8. Emergency procedures.....	7
9. Training.....	7
10. Record keeping.....	8
11. Liability and indemnity.....	8
12. Complaints.....	8
13. Monitoring arrangements.....	8
14. Links to other policies.....	8
Appendix 1: Being notified a child has a medical condition.....	9
Appendix 2: Medical forms.....	10

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Local Governing Body will implement this policy by :

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The Head is named person with responsibility for implementing this policy

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The Local Governing Body and CEO

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will:

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Delegated day-to-day responsibility for the management of pupils' medical needs to the Heads.
- 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.

3.2 The head is the named person responsible for implementing the policy and will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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 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.
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. These members of staff will be named on individual health care plans or medical administration forms completed by the parents and the school.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Support the school in contacting Health professional involved with their child

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and diabetes nurses and pediatricians, should liaise with the school's nurses and notify them of any pupils identified as having a medical condition. Our schools will also work with parents to contact medical specialists working with the family. They may also provide advice on developing IHPs.

4. Equal opportunities

Our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to a senior member of staff within the school.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. headteacher and the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Appendix 2 shows examples of IHPs that can be used

7. Managing medicines

Prescribed medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- and**
- Where we have parents/carers' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In the child's name
- In-date
- Labelled with the name, strength of the medication, expiry date
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

7.2 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.

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.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. Parents will also be asked to be part of the training.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Parents will be involved in the process and will be contacted when schools needs additional support and information

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

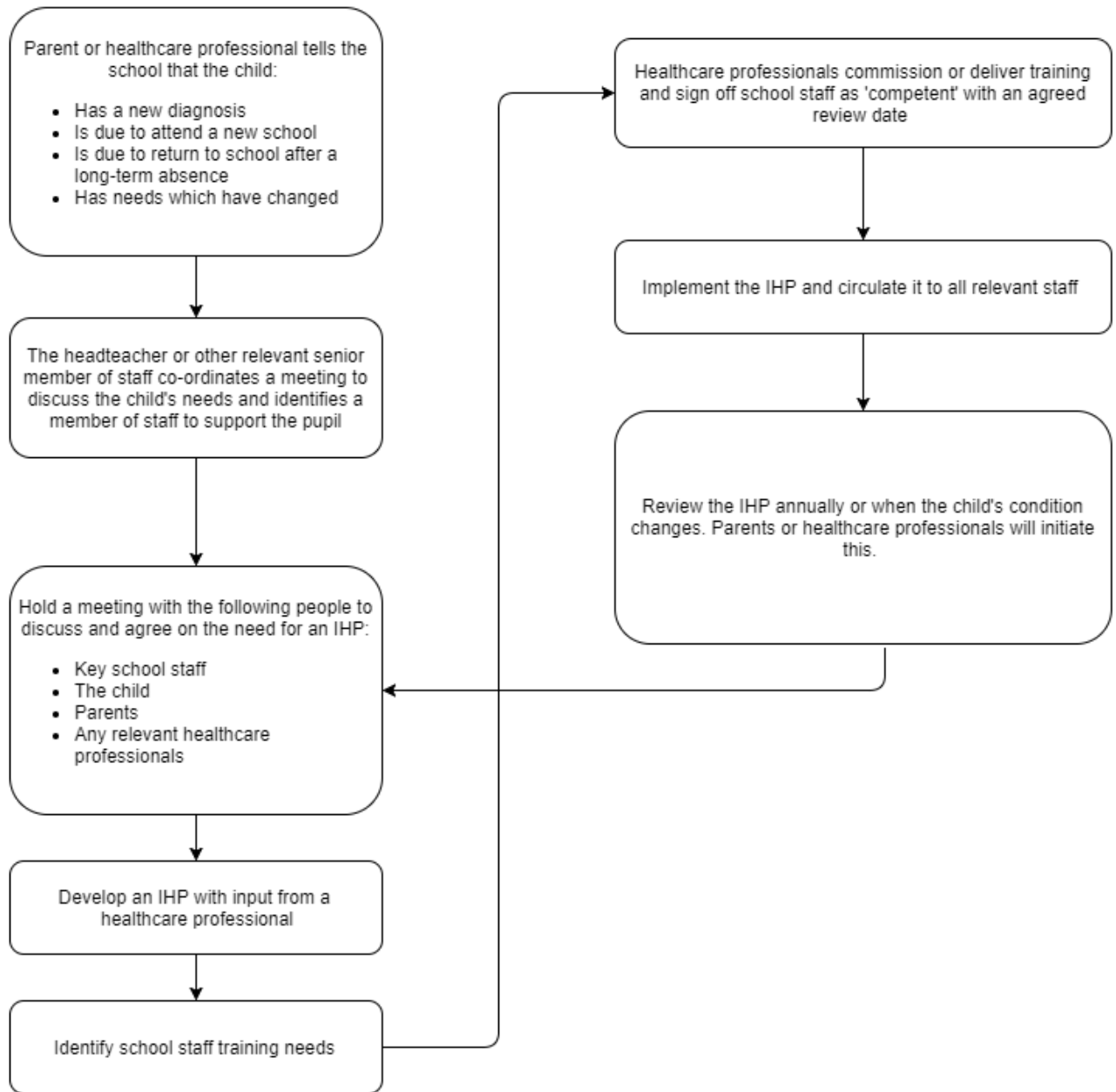
This policy will be reviewed and approved by the Trust Board annually

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being Notified a Child Has a Medical Condition



Appendix 2 : MEDICAL FORMS

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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 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

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			

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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 _____

(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.

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 paediatrician 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

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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

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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

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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

<input style="width: 100%;" type="text"/>	Work	<input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>
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Home

My home address is:

An alternative person to contact is:

Name	<input style="width: 100%;" type="text"/>	Telephone No	<input style="width: 100%;" type="text"/>
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Any other contacts you wish to provide:

<input style="width: 100%; height: 44px;" type="text"/>	Parent/Carer	Signed Date	<input style="width: 100%; height: 34px;" type="text"/>
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