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First Aid and Medication Policy

This policy is relevant to the whole school including the EYFS

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1.0 Introduction

The Trustees believe that ensuring the health and wellbeing of staff, pupils and visitors is essential to the success of the School. They wish to ensure that pupils with an injury and/or medication needs receive appropriate care and support whilst at school.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to complete training to do so, and in administering First Aid.

St Peter & St Paul School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities. All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

2.0 Aim of the Policy

In line with the Health & Safety at Work Act 1974 (HSWA) the School has a Health and Safety Policy which should be read in conjunction with this Policy.

This guidance is applicable to all those involved in the provision of first aid related to school activities, to ensure that there is an adequate provision of appropriate first aid at all times and to ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

3.0 Guidance

3.1 First Aid Provision:

- Paediatric First Aiders are available when pupils are in school during term-time between the hours of 07:30am and 6:00pm and they will administer first aid and deal with accidents and emergencies or when someone is taken ill.
- First Aiders at Work are available between the hours of 8.00am and 4:30pm for staff during core hours. Emergency 1st Aid at Work is available 7.30-8.00am and 4.30-6.00pm during term time.
- Third party lettings who run activities on School premises, must supply their own first aid trained leaders and equipment.
- In line with Health & safety Commission guidance whilst the school is not obliged to provide first aid to non-employees the health & safety of others will be considered through risk assessments and deciding on the numbers of first aid personnel e.g. during school productions / after school events.
- At School the first duties of a first aider are to:
 - give immediate help to those with common injuries or illnesses and those arising from specific hazards
 - when necessary ensure that an ambulance or other professional medical help is called.

The First Aiders at Work have attended and successfully completed the relevant three day training course to obtain their qualification.

The Paediatric First Aiders have attended and successfully completed a Paediatric First Aid course.

Within Early Years, staff who hold the Paediatric First Aid qualification are available at all times.



It is the responsibility of the Headteacher that there are enough first aiders available in the School at any time and that training is made available as required.

3.2 Current First Aid Qualifications

The following members of staff are qualified to administer First Aid: -

Paediatric First Aid – 2 day (12 Hours)

Mrs Gemma Horne (EYFS) – 14/5/28
Mrs Alison Austin – 14/5/28
Mr Ben Mico – 23/3/26
Mrs Liz Wigfield – 23/3/26
Mrs Lisa Stevenson – 23/3/26
Mr Ian Marsh – 23/3/26
Mrs M Rastrick – 18/10/26
Jo Hall – 14/05/28
Emma Hawkins – 14/5/28
Edd Gregory – 14/05/28
Sophie Wardlow – 15/9/2026

Emergency Paediatric First Aid – 1 Day

Mr Scott Nixon – 06/01/28
Otilie Johnson – 06/01/28
Emma Foden – 06/01/28
Lauren Archer – 06/01/28
Amanda Harbottle – 06/01/28
Jill Mosley – 27/11/26

First Aid at Work – 3 Day

Lesley Athorn-Mico – 27/04/28
Mr Thomas Newton – 3/03/27

Emergency 1st Aid at Work – 1 Day

Jane Topham – 20.3.28

As a minimum, staff will undertake Paediatric first aid training/re-training, or the First Aid at Work certificate - every three years.

The number and choice of those re-training will be reassessed at the time of renewal to ensure adequate provision is maintained in both EYFS and throughout the school. All those working in EYFS have Paediatric First Aid Certificates and this is shown against the name of individuals given in the list above.

All new pupils and staff will be given information on the provision of first aid at their induction.



3.3 Medical Room and First Aid Equipment

The Schools' Medical Room is located on the first floor of Brambling House. The Medical Room is managed by the First Aiders at Work and is equipped with a single sized bed, and the room has toilet and basin facilities adjacent. First aid will be given in the most appropriate setting, usually the Dining Hall.

In the event of further COVID-19 outbreaks and in line with any government guidance, a second medical room can be reinstated as previously.

3.4 First Aid Boxes

First aid boxes will be provided in areas of the school where accidents are considered most likely;

- One in the Pre-prep block by the medical cabinet, near to the Sports Hall
- One in the Prep block in the staff room.
- One in the Dining Hall / Kitchen area.
- One in the Medical Room

Additional first aid kits will be taken when pupils leave the school on organised trips or participate in sports events. First aid bags for boys & girls' fixtures are stored in the SLT Office.

First aid boxes will be audited and replenished every term by the First Aiders at Work.

The contents of a first aid box will be stocked in accordance with www.gov.uk/guidance for schools.

3.5 First Aider Notices

Lists of named qualified first aiders will be displayed on notice boards in;

- the Infant Department notice board
- the Junior Department notice board
- the Kitchen/Dining Hall
- the Medical Room
- the Qube
- the Sports Hall
- the Staff Room

4.0 Medical Consent Forms

All parents/carers of pupils attending SPSP are required to complete a medical consent form annually at the start of the academic year or when they start at the school, providing:

- details of any medical conditions their child may have
- Changes to any medical / dietary /allergy conditions
- 3 sets of emergency contact details. This ensures that their child can be properly cared for in the case of an emergency.

Completed medical forms will be stored securely in the school admin office and also stored electronically on ISAMS and kept for a minimum of 7 years after they have left the school.

Parents will be asked to complete an annual consent form giving staff permission to administer first aid and ensuring that staff are aware of any new or evolving medical conditions. If medical



conditions change or evolve mid-year it the responsibility of the parent/carer to update the Headteacher in writing.

5.0 Medical Appointments

Parents are asked to try to make all routine appointments after school or during the school holidays where possible. In the event that a child has to leave school for an appointment during the day, parents must collect their child in person and sign them out at Reception. Parents should advise a member of staff if their child will or will not be returning to school that day. Where a child returns to school following an appointment on the same day, parents must bring their child to Reception where they must sign them back in and hand them over to a member of staff.

6.0 Medication / Administering of Medicines / Support Children with Medical Conditions

If a pupil requires medication during the school day, parents/carers must bring the medication into main reception to hand over to a member of staff. Pupils are not permitted to bring/sign in medicines. To note, we DO NOT administer Ibuprofen in School.

The parent/carer must complete and sign an 'authorisation to administer medicines' slip for all medicines / creams etc. (see appendix 2) allowing staff to administer medication on their behalf.

All prescribed medicines must be clearly labelled with the child's name, DOB, dates, medicine name and dosage and must match the details given by the parent on the authorisation form. Staff will not administer / deviate from the prescription detailed on the pharmacy label under any circumstances. Where parents/carers detail a change, they will need to provide written advice from their GP to the Headteacher.

Where the school has a query regarding the medicine / dosage to be given, a member of the Senior Leadership Team (SLT) will contact the parent to discuss this before medicine is administered by the First Aider. This may delay the time we can administer the medicine if the SLT member cannot reach the parent by phone.

All medication will be stored as per the storage instructions on the label. All medicines will be kept in a secure area in the Staff Room which is out of bounds to pupils.

A supply of children's paracetamol is kept securely in school in the Staff Room area. Where a child requires pain relief and medicine has not been provided by parents, a member of staff will contact the parent to obtain verbal consent which will be recorded on ISAMS and the dosage recorded on the medicines dosage record form.

All medicines will be administered by a qualified First Aider and logged on each individual pupil's Medicine Dosage Record Form (Appendix 1). The dose given and administration will be overseen by a second member of staff who will witness and sign the form also.

If a pupil refuses the medication, this will be recorded, and parents will be informed. Staff at school have no authority to force a child to take medication.

6.1 Administration of Long-term Medicines

In the case of long-term medication i.e. more than 7 days, the administering of medicine will be permitted without the necessity to complete an authorisation to administer medicines form each day. Alternatively, in all cases, the parent must give permission in writing to the



Headteacher which must be acknowledged by return. Written permission should be updated by parents and sent to the Headteacher on a Termly basis and any changes notified immediately.

Except where medication is prescribed by a GP, the School reserves the right to refuse to administer medication if there is reason to believe that the medication may not be in the best interests of the child.

Pupils with long term medical conditions which affects their health in school, will have an individual health care plan (IHCP).

6.2 Supporting Pupils with Chronic Medical Conditions

The staff at SPSP will work with parents, medical practitioners and other professionals to provide children with a relevant IHCP in order that they can gain independence and self-management of their medical condition where possible and to enable them, with support, to function as normally as possible whilst at school. SPSP school operates both a nut free and smoke free policy.

IHCP's are shared with all staff involved in pupil care. Copies are kept on each pupil's paper file and on ISAMS.

Staff will be given additional training where appropriate in order to support pupils effectively.

Parents are responsible for ensuring that all medications relevant to IHCP's are readily provided to school, in date and that expired medicines will be replaced in a timely manner. Parents are also responsible for keeping the School up to date with any changes to their child's condition, treatment or medication needs.

Each year group has an allocated medical bag which is used to store inhaler medication for pupils in that class. The bag is kept in the classroom at all times during the day. It is the Class Teacher's responsibility to take all medication to games lessons, out on fixtures and on school trips. All other medication is kept in the medicine cabinet in the staff room.

6.3 Asthma Inhalers / Auto Adrenaline Injectors

IHCP's for Asthma / Conditions requiring Auto Adrenaline Injectors are completed for all pupils with diagnosed Asthma or allergies/medical conditions. These include detailed instructions on each child's condition, triggers and individual treatment plan and are signed off by parents. Where indicated, children will be supported by a member of staff to administer their inhalers. Inhalers will be kept in the class medical bags as in 6.0.2 above. Injections are to be stored securely in the filing cabinet in the staff room.

The school holds a supply of spare inhalers (Human Medicines (Amendment) (No. 2) Regulations 2014) and these will be stored securely in the School Kitchen filing cabinet, in the Pre-prep block medicine cabinet and in the first aid filing cabinet in the staff room for use during emergencies.

Children with auto adrenaline injectors are required to have a spare in school for emergencies and they will both be kept in the staff room first aid medicine cabinet. It is the Class Teacher's responsibility to take adrenaline injectors to games lessons, out on fixtures and on school trips.

Administration of inhaler/injector forms will be completed and parents will be notified on all occasions of their usage by a member of staff.



7.0 Confidentiality, Information and Consent

The Professional Code of Practice of Doctors, Nurses and other Health Professionals places a duty on them not to disclose information about individual patients (pupils) without their consent except in exceptional circumstances. The duty of confidentiality owed to a person less than 16 years of age is the same as that owed to any other person. However, where the professional believes that the health, safety or welfare of the patient or others is at risk there is a duty to share information between professionals as laid down in the Child Protection legislation.

8.0 Accidents

If a pupil at SPSP is involved in an accident, the nearest first aider will be summoned to attend. They will assess the situation and summon emergency services as required on (9 for outside line) followed by 999 OR 112. In the event of a serious accident calling an ambulance should not be delayed by waiting for the first aider to attend.

When Emergency services are called, they will be given the School postcode S41 0EF. A runner should be sent to meet the ambulance and direct them to the accident. It is the responsibility of the SLT to ensure that this is done in a timely manner.

All accidents MUST be reported on an accident form (appendix 3). Accident forms can be found electronically on the Admin Google Drive and in hard copy in the Staff Room pigeon holes, the Kitchen and at the main Reception. Copies of the completed accident form should be handed to the Receptionist on duty. It is the responsibility of the member of staff on duty during the activity when the accident occurred, to complete the form. This should be done in conjunction with the First Aider providing treatment if they did not carry out 1st aid themselves. Accidents involving Staff and Visitors should be reported in the same manner. Accident forms should be completed as soon as possible after the accident. Any RIDDOR*reportable incident will be reported by the Headteacher in a timely manner. Copies of completed accident forms will be held for a minimum of 7 years.

Parents should be informed of any accident or injury sustained by the child on the same day or as soon as reasonably possible and of any first aid treatment given.

*RIDDOR: The school operates its policy in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. The records are kept in the School Office.

The Headteacher, acting as the responsible person at the School will consider whether the incident or illness was caused by:

- A failure in the way a work activity was organised – e.g. supervision
- The way equipment or substances were used – e.g. machinery, experiments
- The condition of the premises – e.g. poorly maintained or slippery floors.

They will make the decision as to whether a report to the Health and Safety Executive is appropriate after being given the facts by the relevant staff member.

9.0 Infectious diseases

Any pupil attending school with a suspected infectious condition will be kept away from other pupils. They will be isolated in the Medical Room until such time as parents/guardians are able to collect them.



Any advice from Health Protection England will be adhered to in terms of exclusion times. https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Universal precautions are advised when dealing with suspected infectious cases. Disposable gloves and aprons, face masks and body suits are available in the Medical Room. Hand sanitiser is available throughout the School. Advice will be given about hand washing to students and staff as required.

Any spilt bodily fluids will be cleaned by a member of the Housekeeping Team using a single use body fluid spill kit. All waste will be double bagged and disposed of in an external bin. Medical room Bedding used by a student with a suspected infectious complaint will be bagged separately and washed at high temperatures.

For future COVID19 cases, the School will work to adhere to all Government/PHE Guidelines as published.

9.1 Procedure for Deep Cleaning

Any rooms used by a student with suspected infectious complaints should not be used by other students until thoroughly cleaned. It is the responsibility of the First Aid Lead to advise the Housekeeping staff when this happens.

- Room/s should be cleaned as soon as possible.
- PPE must be worn.
- First Aid room bedding should be changed, bagged separately and washed at high temperature.
- All surfaces and hard furnishings to be wiped down with bleach or cleaning aids as recommended by PHE and allowed to dry.
- Floors to be vacuumed and/or mopped with bleach or cleaning aids as recommended by PHE and allowed to dry.
- All toilet areas to be cleaned as per usual procedure.
- Cleaning cloths to be disposed of.

10. School Visits

For all off-site visits, inc. sports fixtures, there will be a risk assessment outlining the emergency procedure.

All trips will have staff pupil ratios as required. For all trips in EYFS there will be at least 1 member of staff who holds a current Paediatric First Aid qualification.

It is the responsibility of the person in charge of the trip to ensure adequate first aid cover for the visit. Class Teachers/Sports Leads should check medical consent forms & risk assess accordingly. Class Teachers should ensure that all prescribed inhalers/epi pens/medications are taken with children who are embarking on a trip and 'medicines dosage record forms' should be taken with staff and completed accordingly. Staff should have access to the duty mobile telephone for trips.

Any care or treatment required should be noted in advance on the trip risk assessment. It is the responsibility of the staff member in charge to ensure that the medication is administered as required and returned to the first aid lead on return. Any treatment given should be logged on the relevant medicines dosage record forms and returned to school.



11.0 Medical Cover at Sports' Fixtures

On match days it is the responsibility of the games staff to ensure that the first aid kits are available & fully stocked and that all prescribed inhalers / epi pens/ medicines are taken with children who are involved.

At least one member of the duty staff will hold a Paediatric First Aid qualification. All staff will know who the nominated First Aider is and have the relevant means to contact them. The duty mobile phone should be carried by a member of duty staff.

There are no means for immobilisation at the school. If a student is unable to get themselves up, they should not be moved. An ambulance should be called, and the pupil should be kept warm and monitored until assistance arrives. Any matches should be re-sited or abandoned.

If a pupil from another school is injured an ambulance will be called if necessary. It is the responsibility of the other school's staff to accompany the pupil to hospital, contact parents & arrange transport home.

12.0 Head Injury and Concussion

Minor Bump to Head

If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well then, the incident will be treated as a 'bump' rather than a 'head injury'. Treatment in school:

- Child to be assessed by a First aider
- Observe for 15 minutes and if no change, pupil will be returned to normal lessons
- Staff to complete an accident report form. Child to be issued with a red bump wristband. (see ***)

**** Red Bump Wristband Policy. If a child is wearing a red wristband, this indicates that they have sustained a minor bump/injury to the head. Parents have been notified to seek further medical attention if they observe any of the following changes after collecting their child from school: -*

- *vomiting since the injury*
- *difficulty staying awake or keeping their eyes open*
- *a headache that does not go away with painkillers*
- *a change in behaviour, like being more irritable*
- *problems with memory*
- *a fit (seizure)*
- *problems with vision*
- *Clear fluid from ears or nose*
- *Bleeding from ears*
- *Numbness in any part of their body*
- *Problems with balance, walking or speech*

Minor Head Injury – no loss of consciousness.

A minor head injury with bumps or bruises on the exterior of the head. Other symptoms Include: nausea, mild headache, tenderness, bruising or mild swelling of the scalp and mild dizziness
Treatment in school:

- Paracetamol if needed for pain relief (Ibuprofen should not be given if a head injury is suspected). Staff must seek parental permission before administering any medicines.
- Ice pack to reduce swelling



- Rest
- Observation
- Staff to complete an accident report form.
- Staff to inform parents by telephone.
- Child to be issued with a red bump wristband. If the child remains in school, staff continue to observe for changes (see*** above) and further medical attention to be sought if necessary.

Severe Head Injury

If a child displays any of the symptoms detailed in ****above following a head injury or for a suspected neck injury - do not attempt to move the child.

A minimum of 1 member of staff to stay with the casualty and one other person in case a runner is required. See point 15.0 Child requiring Hospital Treatment.

Staff to complete accident form.

Concussion

For reference - Concussion is a disturbance in the normal working of the brain without any underlying structural damage. It can be caused directly by a blow to the head or indirectly if the head is shaken when the body is struck. Concussions can occur in many situations in the school environment, but the potential is probably greatest during sports. Pupils may get concussion out of school but come into school with the signs and symptoms. It is important that this is recognised as concussion can affect academic performance and /or behaviour as well as putting them at risk of more serious consequences if they receive another concussion before recovery.

Within sport it is important that concussion is recognised early and taken seriously to protect the safety and long-term health of the pupil.

Rugby – Players suspected of having concussion MUST be removed from play and must not return to play unless they have been seen and cleared by a health care professional. Students suspected of having concussion or diagnosed with concussion must go through a Graduated Return to Play protocol as outlined by the RFU. Extra care must be taken with young people and concussion due to their brains are still developing and are therefore more susceptible to damage.

Returning to play before complete resolution of the concussion exposes the student to the risk of recurrent concussion with ever decreasing forces. If there is any doubt about concussion it is important that the pupil sits out the rest of the game.

If there is any doubt that a child has sustained a concussion injury at school, professional medical intervention should be sought. Staff should contact Parents and complete an accident form as soon as possible following the incident. If there is a confirmed diagnosis; this should be reported to the Headteacher who will send a communication to all staff outlining the recovery plan as recommended by the medical professional who confirmed the diagnosis.

13.0 Reporting to Parents

The School will notify parents/carers at the end of the day if the pupil has suffered a minor injury or has felt mildly unwell during the day but has not required any treatment.

If a pupil becomes ill during the day the School will contact the parents/designated carer by telephone so that the child can be collected. On leaving, Parents will be required to sign the pupil out at Reception.



14.0 Child Requiring Hospital Treatment

Where a child needs to be taken to hospital but does not need an ambulance, the child will receive immediate first aid and then be driven to the hospital by the Headteacher or a member of SLT.

In accepting a place at the school, parents are required to give their consent for the Headteacher or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment if the School is unable to contact a parent.

Information relating to the incident will be passed to the most appropriate member of staff to telephone the parents informing them of the injury and of the necessity to take their son/daughter to the hospital and that they must attend hospital as soon as is reasonably possible.

Should the pupil require an ambulance, a note advising the name, the age of the pupil, the location of the School, and the nature of the injury/illness will be passed to the Receptionist who will immediately dial 999. A runner will be appointed to meet the ambulance and show them where the child is located.

The First Aider on scene should call an ambulance for the following:

- serious injury including fractures.
- significant head injury/deterioration following head injury.
- any period of unconsciousness.
- if the First Aider is unsure of the severity of the injuries.
- if the First Aider is unsure of the correct treatment.
- An Auto Adrenalin Injector has been used.
- The child has specific medical needs known to the School which require emergency intervention.
- A seizure.
- A nosebleed lasting more than 20 minutes.
- Prolonged Asthma which is not relieved by prescribed medication.

15.0 Out of term procedures

It is the responsibility of the Headteacher to ensure there is adequate first aid cover for all members of staff who are working during non-term time. Where this is not possible for any lone workers, adequate risk assessments will be carried out.

In an emergency all members of staff should know who the designated first aid member of staff is and have means to contact them. Any accidents or illnesses should be reported on an incident report form and copies should be given to the Headteacher as soon as possible after the accident.

Anyone working away from the main school building should have the means to summon help should the need arise. The most convenient method is by use of mobile phone to the school number of 01246 278522.

Any groups using the facilities during the holidays should have their own first aid equipment and procedures. They will be given information outlining how to summon emergency services and the location of the nearest hospital.



If the School uses the facilities to run their own activities (e.g. Holiday Club) it is the Headteacher's responsibility to ensure that there are suitably qualified personnel available to deal with any situation that may arise. An accident/incident form should be completed, and a copy passed to the Headteacher as soon as is reasonably possible. Parents should be contacted in line with term time procedures.

16.0 Allergies

Information regarding any allergies is collated from medical consent forms which are completed by Parents. Information regarding allergies is recorded as part of the 'Pupil Medical Conditions/Dietary Requirements' information booklet, copies of which are available in the Staff Room, the Kitchen and the Medical Rooms and Main Reception. Please refer to section 6.0 above for pupils requiring medication or auto adrenaline injectors. SPSP school operates a no nuts policy.

17.0 Responsibility for implementation

The Headteacher will be responsible for the implementation of this Policy and will undertake individual risk assessments where appropriate.



Appendix 1 – Medical Dosage Record Form

MEDICAL DOSAGE RECORD FORM

| Child's Full Name | Today's Date | Time Given | Medicine Name | Dosage Given | Symptoms / Condition | Staff Details: (Please Print and Sign) |
|-------------------|--|------------|---------------|--------------|----------------------|---|
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |
| Permission Type | Written <input type="checkbox"/> Verbal <input type="checkbox"/> | | | | Witnessed by: - | |
| | | | | | | |



Appendix 2 – Authority to Administer Medicines

Authorisation to Administer Medicines

| | |
|--|--|
| Today's Date | |
| Name of Child | |
| Year Group | |
| Illness | |
| Medicine Name | |
| Date Dispensed (if prescribed) | |
| Medicine Expiry Date | |
| Required Dosage | |
| Time(s) to be administered (please also state time of last dose given at home) | Last dose given at <i>(if applicable)</i> AM / PM |
| | Next dose AM/PM |
| Please give details of any know side effects or further relevant instructions/information | |
| <p>I give my consent for the named medicine to be administered to my child in school as detailed above.</p> <p>Parent Signature:</p> | |



ACCIDENT REPORT

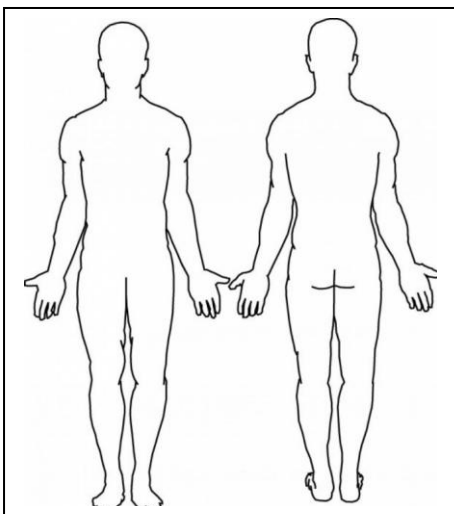
Appendix 3 – Accident Report Form

| ACCIDENT CAUSE / TYPE | |
|-------------------------|--|
| Sport | |
| Slip/Trip/Fall | |
| Burn | |
| Malicious | |
| Other | |
| Reportable under RIDDOR | |

(COMPLETE USING BLOCK CAPITALS ONLY)

| | | | |
|---|--|---------------|------|
| Name of person reporting | | | |
| Date and time of accident | | Date | Time |
| Exact location of accident | | | |
| Full Name of person(s) involved | | Date of Birth | |
| Address: - | | | |
| SPSP Staff <input type="checkbox"/> Pupil <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Member of public <input type="checkbox"/> (please tick) | | | |
| If the injured party is a minor, have parents been informed? Yes <input type="checkbox"/> No <input type="checkbox"/> . (Mum/Dad/Grandparent <i>please circle</i>) | | | |
| If yes, by whom Date Time | | | |
| Report of apparent injuries: - | | | |
| 1 st Aid administered: - Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> If Yes, by whom | | | |
| Details of treatment/advice given: - | | | |
| Was the injured person taken to hospital / sent home? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) | | | |
| Details: - | | | |

Please note the location of the sustained injury on the below diagram and note any supporting information: -





Appendix 4 – New Pupil Medical Consents

NEW PUPIL MEDICAL CONSENT FORM 2023 - 2024

| | |
|---------------------|--|
| Child's Full Name | |
| Date of Birth | |
| Home Address | |
| Parent/Carer Tel | |
| GP Name | |
| GP Practice Tel no | |
| GP Practice Address | |

Please tick the appropriate box: -

- I give my consent for details of any medical conditions my child has, that may affect daily activities (e.g. asthma, diabetes, allergy etc.) to be disclosed to the relevant staff. Yes No
- I give my consent for paediatric first aid trained staff to carry out emergency first aid e.g. the cleaning, dressing of wounds, assessing and treating sporting and non-sporting injuries, e.g. applying ice, tubigrips etc. Yes No
- I give permission for the Headteacher, Mrs Jill Phinn or her representative to give consent for any emergency medical treatment to my child deemed necessary by a doctor following an accident or other emergency. Yes No

Contd.



Medication – please provide details of all medication your child is taking.

| Condition | Medication & Dosage |
|-----------|---------------------|
| | |
| | |

Allergies – please provide details below of all allergies and medication

| Allergy | Treatment (incl. medication & dosage) |
|---------|---------------------------------------|
| | |
| | |

Special dietary requirements – please provide details below

| | |
|--------------------------------|--|
| Vegetarian | |
| Vegan | |
| Other – please specify details | |

Please provide further details of any other relevant medical conditions from which your child suffers e.g. migraines, frequent nose bleeds and any other relevant medical information that the School needs to be aware of.



Please give **three** contact numbers in order of preference for use in case of illness or emergency.

| | |
|-----------------------|--|
| Name | |
| Relationship to child | |
| Home no. | |
| Work no. | |
| Mobile no. | |
| | |
| Name | |
| Relationship to child | |
| Home no. | |
| Work no. | |
| Mobile no. | |
| | |
| Name | |
| Relationship to child | |
| Home no. | |
| Work no. | |
| Mobile no. | |



CURRENT PUPIL ANNUAL MEDICAL CONSENT / UPDATE FORM 2023- 2024

Child’s Full Name

Date of Birth..... Year Group (as of Sept 22)

We currently hold on your child’s record, your consent to:

- Disclose details of any medical conditions that may affect daily activities (e.g. asthma, diabetes, allergy etc.) to relevant staff.
- Carry out emergency first aid e.g. the cleaning, dressing of wounds, assessing and treating of sporting and non-sporting injuries, e.g. applying ice, tubigrips etc.
- The Headteacher, Mr T Newton or his representative to give consent for any emergency medical treatment deemed necessary by a doctor following an accident or other emergency.

Please tick to confirm your consent to the above still stands **Yes** **No** (if no, please provide your reasons for change below)

.....
.....

Please indicate below any changes to your child’s health or medical needs that the school should be aware of, in particular: (continue on a separate sheet if necessary)

- medical condition / concern (including symptoms & treatment)
- prescribed medication (including name/dosage)
- allergies (including symptoms & treatment)
- dietary needs

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

If we hold regular medicines in school for your child e.g. asthma inhalers / epi pens, are there any changes to the dosage / instructions for use? **Yes** **No** (if yes please provide details below)

.....
.....

I confirm that the above information is correct and that I will notify the school immediately to inform of any changes should they arise.

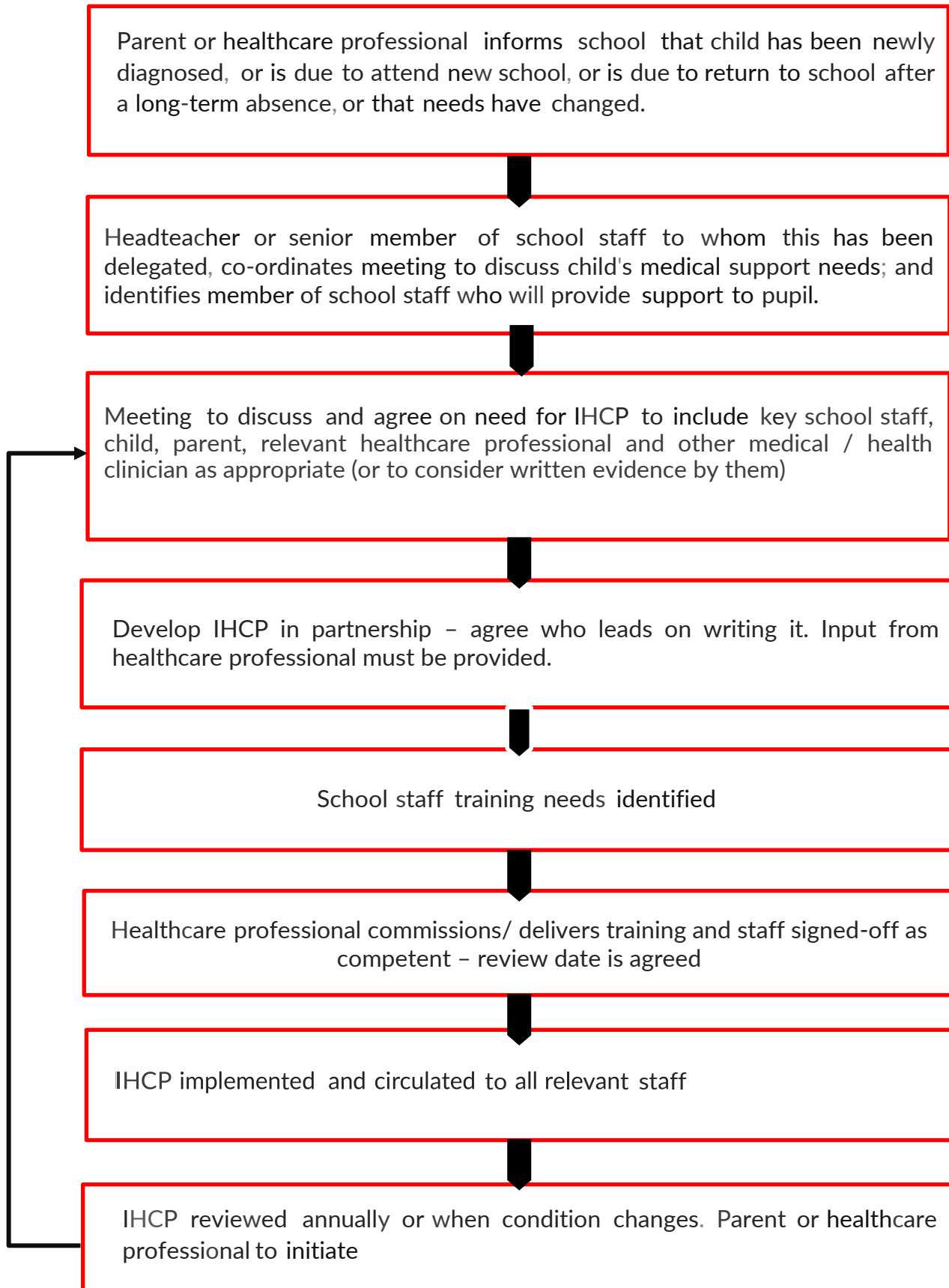
Name (print)..... Signed

Relationship to child..... Contact Number

Date



Appendix 6 – Process for Developing Individual Healthcare Plans & Templates





Pupil – Individual Healthcare Plan (IHCP)

PUPIL INFO

Child's Name:

Year Group:

Date of Birth:

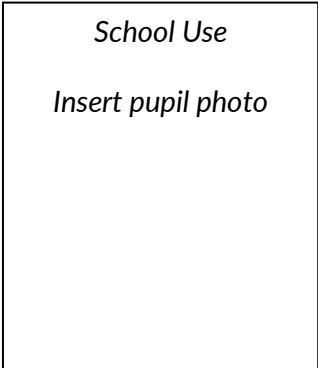
Address:

.....

Medical Diagnosis/Condition:

Date:

Review Date:.....



FAMILY CONTACT INFO

Primary Contact Name:

Relationship to Child:

Contact Tel No. (H)..... (M).....

Secondary Contact Name:

Relationship to Child:

Contact Tel No. (H)..... (M).....

CLINIC/HOSPITAL CONTACT

Name: Job Title.....

Contact Tel No. (W)..... (M).....

GP

Name:

Contact Tel No.

Person responsible for providing support in school:

Name: Job Title:.....



Describe any medical needs and give details of the child's symptoms, triggers, warning signs, treatments, facilities, equipment or devices, environmental issues etc.

Provide details of all medications to include: name, dose, method of administration, when to be taken, side effects, contraindications, self or supervised administration:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:



Arrangements for school visits / trips etc.:

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

Who is responsible in an emergency (please specify if different for off-site activities):

Plan developed with:



Staff training required / undertaken – who, what, when:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with this plan and the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine, if the medicine is stopped altogether, or if additional medicines pertinent to this IHCP are prescribed. I agree that my child's medical information can be shared with school staff responsible for providing care.

Parent Name (please print):

Parent Signature:..... Date

Review Date:.....

Copies to:



Pupil - Individual Health Plan for Asthma

PUPIL INFO

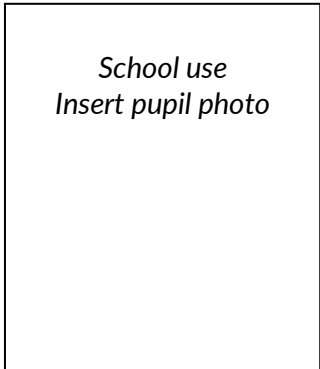
Child's Name:

Year Group:

Date of Birth:

Address:

.....



FAMILY CONTACT INFO

Primary Contact Name:

Relationship to Child:

Contact Tel No. (H)..... (M).....

Secondary Contact Name:

Relationship to Child:

Contact Tel No. (H)..... (M).....

Medical Diagnosis/Condition: **ASTHMA** *(please indicate severity below)*

- Severe Moderate Mild

Triggered by:

- Exercise Weather Pollen Dust Pets Other *please specify below*

.....

Does your child need an inhaler in school? Yes / No

If Yes, please provide details to include type/name of inhaler (both reliever & preventer if appropriate), frequency, dosage, known side effects, other relevant information pertinent to inhaler use:



Does your child need a spacer to take their inhaler? Yes / No

My child: is able to self administer their inhaler / needs support to administer their inhaler

Is your child taking any other asthma medications in addition to their inhaler? Yes / No
If Yes, please give details:

Parent Authorisation for Inhalers in School

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent for school staff to administer/assist my child to administer their inhaler in accordance with this plan and the school policy.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the inhaler, if the inhaler is stopped altogether, or if additional medicines pertinent to my child's asthma treatment are prescribed.
- I agree to ensure that my child has 'in date' inhalers and a spacer (if required) in school at all times.
- 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 (Human Medicines (Amendment) (No. 2) Regulations 2014) for such emergencies
- I agree that my child's medical information can with shared with school staff responsible for providing their care.

Parent Name (please print):

Parent Signature:..... Date

For Office Use Only

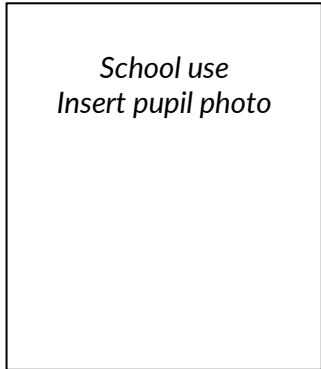
| | Location in school | Expiry Date | Replaced Date |
|-------------------------|--------------------|-------------|---------------|
| 1 st Inhaler | | | |
| | | | |
| | | | |
| 2 nd Inhaler | | | |
| | | | |
| | | | |
| Spacer (if required) | | N/A | |
| Notes | | | |



Pupil Individual Health Plan –Adrenaline Auto Injector

PUPIL INFO

Child’s Name:
Year Group:
Date of Birth:
Address:
.....



FAMILY CONTACT INFO

Primary Contact Name:
Relationship to Child:
Contact Tel No. (H)..... (M).....

Secondary Contact Name:
Relationship to Child:
Contact Tel No. (H)..... (M).....

Medical Condition/Details of Allergy: *(please give details below)*
.....
.....

Signs and Symptoms: *(please give details below)*
.....
.....

Medication Type / Name:

Dosage & Method:.....

My child: is able to self administer / needs support to administer their injector

Please provide below, detailed information of your child’s treatment plan to include any other medications which should be given prior to / post reaction including name, dosage etc. and what would constitute an emergency *(continue over if required)*



Parent Authorisation for Auto Adrenalin Injector in School

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent for school staff to administer/assist my child to administer their auto adrenaline injector in accordance with this plan and the school policy.
- I will inform the school immediately, in writing, if there is any change in dosage, if the medication is stopped altogether, or if additional medicines pertinent to my child’s allergies/medical condition are prescribed.
- I agree to ensure that my child has ‘in date’ injectors in school at all times.
- I agree that my child’s medical information can with shared with school staff responsible for providing their care.

Parent Name (please print):

Parent Signature:..... Date

For Office Use Only

| | Location in school | Expiry Date | Replaced Date |
|-------------------------|--------------------|-------------|---------------|
| 1 st Epi Pen | | | |
| | | | |
| | | | |
| 2 nd Epi Pen | | | |
| | | | |
| | | | |
| Notes | | | |