

BOURNE PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

1. Introduction

1.1 This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), September 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

1.2 This policy should be read in conjunction with the following school policies:

- The First Aid Policy
- The Equalities Policy
- The Inclusion Policy
- The Health and Safety Policy
- The Safeguarding Policy
- The Preventing Radicalisation Policy
- The Educational Visits Policy
- The Personal Care Policy
- The Attendance Policy
- The Crisis Management Plan

1.3 This policy was developed in line with the East Sussex model policy, and will be reviewed annually.

2. Definitions of medical conditions

2.1 Pupils' medical needs may be broadly summarised as being of two types:

2.1.1 **Short-term** affecting their participation at school because they are on a course of medication.

2.1.2 **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

2.2 Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

3. The statutory duty of the governing body

- 3.1 The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Bourne Primary School fulfils this by:
- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
 - Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
 - Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
 - Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
 - Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
 - Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
 - Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
 - Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
 - Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
 - Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
 - Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
 - Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
 - Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
 - Ensuring that the arrangements are clear and unambiguous 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 (see section on day trips, residential trips and sporting activities);
 - Where home to school transport is being provided by East Sussex County Council, supporting the development of any associated risk assessments and/or specific transport emergency plans;
 - Considering whether to
 - Purchase and train staff in the use of defibrillators

- Hold asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on Liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

4. Policy implementation

- 4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.
- 4.2 The overall responsibility for the implementation of this policy is given to John Maxwell, Headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- 4.3 Year group colleagues (parallel classteachers and year group TAs) will be responsible for briefing supply teachers,
- 4.4 Classteachers and/or trip leaders will be responsible for preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
- 4.5 The Pupil Support Officer, Katie Baker, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.
- 4.5 All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be followed when notification is received that a pupil has a medical condition

- 5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Bourne Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Bourne Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
- 5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3 We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.4 Bourne Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents / carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Claire Munro, Assistant Headteacher for Inclusion, and then an individual healthcare plan will be written in conjunction with the parent/carers by Katie Baker, the Pupil Support Officer, and put in place.

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that Bourne Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, John Maxwell, is best placed to take a final view.

6.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Bourne Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

6.4 Bourne Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Bourne Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

- 6.5 Individual healthcare plans suit the specific needs of each pupil, but will all include the following information:
- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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;
 - Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
 - Where confidentiality issues are raised by the parent/child, the designated individual is to be entrusted with information about the child's condition; and
 - What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and responsibilities

- 7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Bourne Primary School.
- 7.2 In addition we can refer to the **School Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.
- 7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- 7.4 **Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- 7.5 **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

- 7.6 East Sussex County Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. FLESS (Flexible Learning Educational Support Service) is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year).
- 7.7 **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- 7.8 The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

- 8.1 Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This will be in staff briefings; through new staff induction; and through the staff handbook.
- 8.1.1 The following staff have received training for administering medicines:
- Katie Baker, Pupil Support Officer
 - Margaret Bannister, Office Manager
 - Kim Morris, Teaching Assistant/Extended Day Assistant
- 8.1.2 The following staff have received specific/specialist training:
- Katie Baker (Epilepsy training)
 - Vicky Buckle (Epilepsy training)
 - Aleta Dawe (Epilepsy training)
 - Richard Hughes (Epilepsy training)
 - Lisa Kruger (Epilepsy training)
 - Carole Clark (Epilepsy training)
- 8.2 We will record staff training for administration of medicines and /or clinical procedures
- 8.3 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.
- 8.4 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 8.5 For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed.

- 8.6 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.
- 8.7 All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 8.8 The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9. The child's role in managing their own medical needs

- 9.1 If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.
- 9.2 Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in year group baskets in the Medical Room to ensure that the safeguarding of other children is not compromised. Bourne Primary School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 9.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

- 10.1 At Bourne Primary School the following procedures are to be followed:
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
 - No child under 16 should be given prescription or non-prescription medicines without their parents written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
 - Only with parental written consent will we administer prescription medicines. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. The reason for the need for medication must be agreed with a member of the Office team. Parents should be informed.
 - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
 - Bourne Primary School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to

this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;

- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed into the office staff as soon as the child arrives at school.
- All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which are not carried by the child should be always readily available and not locked away. Asthma inhalers must be marked with the child's name.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Bourne Primary School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual child's medicine record before any dose is given, etc.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

11. Emergency procedures

- 11.1 John Maxwell, Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process. These are detailed in the Crisis Management Plan.
- 11.2 Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 11.3 If a child needs to be taken to hospital, staff should stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

12. Offsite visits and sporting activities

- 12.1 We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.
- 12.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

12.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

13. Work experience

13.1 The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when children/young people below the minimum school leaving age are on site.

14. Other issues for consideration

14.1 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where children have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to followed in the event of an emergency.

15. Hygiene/Infection Control

15.1 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

16. Equipment

16.1 Some children will require specialist equipment to support them whilst attending school. Staff should check the equipment, in line with any training given, and report concerns to the relevant person of the service or setting.

16.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the individual healthcare plan.

16.3 Staff must be made aware of the use, storage and maintenance of any equipment.

17. Unacceptable practice

17.1 Although staff at Bourne Primary School should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Send a child who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;

- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

18. Liability and indemnity

- 18.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

19. Complaints

- 19.1 Should parents/carers be unhappy with any aspect of their child's care at Bourne Primary School, they must discuss their concerns with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Bourne Primary School Complaints Procedure.

20 Monitoring and Review

- 20.1 It is the responsibility of the Shadow Governing Body to monitor the effective deployment of this policy. This responsibility has been delegated to the Senior Leadership Team.
- 20.2 The school will constantly monitor and update the Policy as appropriate and will undertake a formal review on a two-yearly basis seeking endorsement from the Full Governing Body.

Appendix 1: First Aid Training Plan

Appendix 2: Parental Consent Form

Appendix 3: Individual Healthcare Plan

Appendix 4: Medication Log

Appendix 5: Record of medicine administered to an individual child/young person

APPENDIX I:

First Aid Training Plan

Paediatric First Aid:

Name:	Date of Qualification:	Renewal Date:
Vicky Buckle	October 2016	October 2019
Aldona Rakoczy	October 2017	October 2020
Lisa Kruga	February 2018	February 2021
Kim Morris	February 2018	February 2021
Amy Scutchings	February 2018	February 2021

First Aid at Work (or equivalent):

Name:	Date of Qualification:	Renewal Date:
TRANCHE 1		
Aleta Dawe	November 2015	November 2018
Richard Hughes	November 2015	November 2018
Bev Tudor	November 2015	November 2018
Julie Loader	November 2015	November 2018
TRANCHE 2		
Paula Saunders	May 2016	May 2019
Kim Morris	May 2016	May 2019
Katie Baker	April 2017	April 2020
TRANCHE 3		
Alex Brown	October 2017	October 2020
Karen Prince	October 2017	October 2020
Linda Lockwood	October 2017	October 2020
Michelle Few	October 2017	October 2020
Lisa Kruger	October 2017	October 2020
Amanda Keen	October 2017	October 2020

APPENDIX 2:**BOURNE PRIMARY SCHOOL****Parental Consent Form**

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

If you need help to complete this form, please contact the School/setting or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to a member of the office team.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. I will inform the school/setting/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school/setting, the school/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s) _____

Date _____

APPENDIX 3:**BOURNE PRIMARY SCHOOL****Individual Healthcare Plan**

Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				

Family / Emergency Contact Information

1. Name				
Phone no. (work)				
(home)				
(mobile)				
2. Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				

Clinic/Hospital Contact Information

Name				
Phone no.				

G.P. Contact Information

Name				
Phone no.				

Who is responsible for providing support in school?				
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Who in the school needs to be aware of the child's condition and the support required?				
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Describe action to take in the event of the child/young person refusing their medication

Daily care requirements

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

Procedures to be followed when transporting the child/young person (e.g. home to school/setting transport, off-site visits)

Other information

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

Who is responsible in an emergency? *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

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School signature:	Parent / carer signature:
Signed:	Signed:

Name: Relationship to child:
Position:

Date:	Date:
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