

# Sharnbrook Primary

## Managing Medicines in school and First Aid Policy

July 2019



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<b>Date agreed at Governing sub-committee:</b> July 2019
<b>Chair of Committee:</b> D Messenger
<b>Chair of Governors:</b> L Carr-Archer
<b>Head teacher:</b> S Kaznowski
<b>Date of review:</b> 2022

## A. Rationale

The following guidance and policy draw directly on advice contained within guidance from the local authority and from first aid training. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines. We acknowledge that children with medical needs have the same rights of admission to a school or setting as other children.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children, including those with medical needs at different levels of school life; and for the individual disabled child, in their practices and procedures and in their policies. Schools are also under a duty to plan strategically to increase access, over time, for disabled children, including those with medical needs.

The National Curriculum Inclusion Statement emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

- Setting suitable learning challenges;
- Responding to pupils' diverse needs;
- Overcoming potential barriers to learning.

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel;
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees;
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept;
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records;
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

## B. Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition.

Schools will try to ensure that they have sufficient members of support staff who volunteer and who are appropriately trained to manage medicines.

Anyone caring for children including teachers, other school staff and day care staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking

place off site, such as visits, outings or field trips. In this instance, the member of staff would notify the First Aider and a note would be sent for the attention of the parent.

### **C. Support for Staff taking medicines**

Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must make sure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored and out of reach of children at all times

### **D. Managing Medicines**

Sharnbrook Primary is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which take to ensure full access to learning for all its children who have medical needs and are able to attend school.

#### **1. Managing prescription medicines which need to be taken during the school day.**

1.1 Parents/carers should provide full written information about their child's medical needs.

Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Health Care Plan.

1.2 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.3 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan or as a specific short-term need. The school will inform parents of this policy.

1.4 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access.

1.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

Name of child	Name of medicine
Dose	Method of administration
Time/frequency of administration	
Any side effects	Expiry date

The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

#### **2. Procedures for managing prescription medicines on trips and outings and during sporting activities**

2.1 The school/setting will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views. Pupil medical needs are noted on all risk assessments for educational visits

The school/setting will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.

2.3 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.

2.4 The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

### **3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines**

3.1 Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.

3.4 Staff should never give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine, it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 5 or 6 and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

3.5 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/setting will inform parents of this policy.

3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan).

Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed.

3.8 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action. In this instance, the Head teacher will be notified.

### **4. Parental responsibilities in respect of their child's medical needs**

4.1 It is the parents/carers' responsibility to provide the Head teacher with sufficient written information about their child's medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the Head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

4.3 The Head teacher should have parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.

4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.

4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

### **5. Assisting children with long-term or complex medical needs**

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.2 The school/setting will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- 5.3 The school/setting will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

Head teacher, Parent or carer, Child (if appropriate)  
Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools  
Care assistant or support staff, Staff who are trained to administer medicines  
Staff who are trained in emergency procedures

The school/setting will consult the DfE publication 'Managing Medicines in Schools and Early Years Settings' when dealing with the needs of children with the following common conditions:  
Asthma, Epilepsy, Diabetes, Anaphylaxis

## **6 Policy on children carrying and taking their prescribed medicines themselves**

It is the practice of this school that children do not carry their own medication but medicines are stored safely and use is overseen by a member of staff.

## **7 Staff support and training in dealing with medical needs**

- 7.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training; a record will be kept of training.
- 7.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 7.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.
- 7.4 The school/setting will ensure that staff receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The head teacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 7.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 7.6 The child's parents/carers and health professionals should provide the information specified above.
- 7.7 All staff should be aware of the likelihood of an emergency arising and what action to be taken if one occurs.
- 7.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 7.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will be provided with training and advice.

## **8. Record Keeping**

- 8.1 Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

8.2 The school will use Form 3A to record short-term administration of medication and Form 5 for long term administration. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

8.3 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.

8.4 Written confirmation is required from parents/carers that a member of staff will administer medicine to their child.

8.5 The school notifies the parent/carer of any administered medicine. A copy of this record is retained in school.

8.6 Current medical information on pupils is sent to the next school. Medical records are retained at school in line with GDPR timescales referring to retaining Pupil Records.

## **9. Safe storage of medicines**

9.1 The school/setting will only store supervise and administer medicine that has been prescribed for an individual child.

9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

9.5 Non-healthcare staff will never transfer medicines from their original containers.

9.6 Children will be informed where their own medicines are stored and who holds the key.

9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. Other non-emergency medicines will be kept in a secure place not accessible to children, in the medical room.

9.8 A few medicines need to be refrigerated; in this school the fridge in the staff room will be used.

## **10. Disposal of Medicines**

10.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

10.2 Parents/carers should also collect medicines held at the end of each term

10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **11. Hygiene and Infection Control**

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

11.3 In line with the Education (School Premises) Regulations 1999, we have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils.

## **12. Access to the school's emergency procedures**

12.1 As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.

12.3 All staff should know how to call the emergency services.

12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need but would refer to a trained First Aider.

12.5 A member of staff will always accompany a child taken to hospital by ambulance and will stay until the parent arrives.

12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

12.9 The national standards require early year's settings to ensure that contingency arrangements are in place to cover such emergencies.

12.10 Individual Health Care Plans will include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

### **13. Risk assessment and management procedures**

This policy will operate within the context of the school/setting's Health and Safety Policy.

13.1 The school/setting will ensure that risks to the health of others are properly controlled.

13.2 The school/setting will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

### **14. Home to School Transport**

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

14.1 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of pupils being transported. Briefing will be given by a nurse in school, or by another appropriately informed member of staff. In this school, briefing will be carried out by Mrs Carolyn Newsham.

There should be regular reviews of the situation, so that drivers and escorts have up-to-date information. Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

## **E. First Aid**

### **1. Roles and responsibilities**

1.1 The school's appointed person is Mrs Carolyn Newsham. She is responsible for:

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate;
- Ensuring refresher First Aid training is carried out every three years in line with guidance;
- Organising Health Care Plans with the NHS.

Our school's first aiders' names will also be displayed in school.

1.2 The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

1.3 The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present in the school at all times;
- Ensuring staff are aware of first aid procedures;
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
- Ensuring that adequate space is available for catering to the medical needs of pupils;

- Reporting specified incidents when necessary.

1.4 School staff are responsible for:

- Ensuring they follow first aid procedures;
- Ensuring they know who the first aiders in school are;
- Informing the headteacher or their manager of any specific health conditions or first aid needs.

## **2. First aid procedures**

2.1 In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and use their judgement to decide if the injury is minor or not and whether a first aider should treat the injury. The staff member present will use their discretion in the case of minor injuries to decide if an accident report form should be completed.
- Minor injuries such as small superficial cuts or grazes will be cleaned with water. Severe cuts, suspected fractures, all head injuries or any other major injury will be treated by a first aider, who will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. A copy of this report will be sent to the pupil's parents.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the school office manager will contact parents immediately.

2.2 When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone;
- A portable first aid kit;
- Information about the specific medical needs of pupils;
- Parents' contact details.

Risk assessments will be completed by the appropriate member of staff prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## **3. Record-keeping and reporting**

3.1 First aid and accident record book:

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in a non-minor injury;
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form (see appendix);
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.



3.2 The school will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The school will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident as detailed in the [HSE guidance for employers](#) (Section 2).

Reportable injuries, diseases or dangerous occurrences include:

- Death;
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes;
  - Amputations;
  - Any injury likely to lead to permanent loss of sight or reduction in sight;
  - Any crush injury to the head or torso causing damage to the brain or internal organs;
  - Serious burns (including scalding);
  - Any scalping requiring hospital treatment;
  - Any loss of consciousness caused by head injury or asphyxia;
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident);
- Where an accident leads to someone being taken to hospital;
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment;
  - The accidental release of a biological agent likely to cause severe human illness;
  - The accidental release or escape of any substance that may cause a serious injury or damage to health;
  - An electrical short circuit or overload causing a fire or explosion.

3.3 The school will inform parents of any accident or non-minor injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

3.4 The school will notify Ofsted of any serious accident, illness or non-minor injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The school will also notify the Local Authority, the Education, Standards and Funding Agency (ESFA) and Local Safeguarding Board of any serious accident or injury to, or the death of, a pupil while in the school's care.

[Local Safeguarding Board, Bedford \(Email: \[LSCB@bedford.gov.uk\]\(mailto:LSCB@bedford.gov.uk\), Tel: 01234 276512/276346\)](#)  
[Borough Hall, Cauldwell Street, Bedford, MK42 9AP](#)

APPENDICES

- School medical information form for all new pupils;
- Record of accident in school – notification to parents;
- Record of regular medicine administered to an individual child;
- Parental agreement for school to administer medicine;
- Head teacher agreement to administer medicine;
- Health Care Plan;
- Notification that medication has been administered.

**TO BE COMPLETED BY ALL NEW PUPILS**

**SHARNBROOK PRIMARY**

High Street, Sharnbrook, Bedford. MK44 1PF. Telephone: 01234 781328

E. mail : [admin@sharnbrookprimary.sch.beds.uk](mailto:admin@sharnbrookprimary.sch.beds.uk)

Head teacher: Mrs. Sheila Kaznowski Chair of Governors: Mrs. Elizabeth Carr-Archer

**SCHOOL MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ (please provide copy of birth certificate)

Any known difficulties in early development YES/NO

(If YES please state, use a separate sheet if required) \_\_\_\_\_

Any major illnesses YES/NO

(If YES please state, use a separate sheet if required) \_\_\_\_\_

Any problems with:

Hearing \_\_\_\_\_ YES/NO      Hearing Aid Worn \_\_\_\_\_ YES/NO      Vision \_\_\_\_\_ YES/NO  
 Glasses worn \_\_\_\_\_ YES/NO      Speech \_\_\_\_\_ YES/NO      Any other (please state) \_\_\_\_\_

Dominant hand \_\_\_\_\_ LEFT/RIGHT

Please provide details of all immunisations and dates given

\_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / /  
 \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / /  
 \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / / \_\_\_\_\_ / /

Are all immunisations up-to-date \_\_\_\_\_ YES/NO

Is there any evidence of:

Diabetes \_\_\_\_\_ YES/NO      Asthma \_\_\_\_\_ YES/NO      Serious Heart Condition \_\_\_\_\_ YES/NO

(If YES please state) \_\_\_\_\_

Is there evidence of any other condition likely to affect your child whilst in school YES/NO

(If YES please state) \_\_\_\_\_

Are there any problems with the following:

Eating \_\_\_\_\_ YES/NO      Sleeping \_\_\_\_\_ YES/NO      Toilet training \_\_\_\_\_ YES/NO

Is there any other information you feel we ought to know?

Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_/\_\_\_/\_\_\_

**SHARNBROOK PRIMARY**

High Street, Sharnbrook, Bedford. MK44 1PF. Telephone: 01234 781328

Email : admin@sharnbrookprimary.beds.sch.uk

Head teacher: Mrs. Sheila Kaznowski

Chair of Governors: Mrs. Elizabeth Carr-Archer

Dear Parent

Date.....

Today .....was injured.

The injury was:  Bumped head  No other symptoms

Hurt  Full strength and movement

Other .....

The treatment given was:  Cold compress  Ice pack

Other.....

This was treated by.....

The incident happened during:  Morning break  Lunchtime break  Afternoon Break

Other.....

Signed.....

**SCHOOL COPY**

Dear Parent

Date.....

Today .....was injured.

The injury was:  Bumped head  No other symptoms

Hurt  Full strength and movement

Other .....

The treatment given was:  Cold compress  Ice pack

Other.....

This was treated by.....

The incident happened during:  Morning break  Lunchtime break  Afternoon Break

Other..... Signed.....

## Record of regular medicine administered to an individual child

Name of school/setting \_\_\_\_\_

Name of child \_\_\_\_\_

Date of medicine provided by parent \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/class/form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Quantity returned home and date \_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date	____/____/____	____/____/____	____/____/____
Time Given			
Dose Given			
Given by, staff signature			
Witness staff signature			
Observations/comments			
Date	____/____/____	____/____/____	____/____/____
Time Given			
Dose Given			
Given by, staff signature			
Witness staff signature			
Observations/comments			
Date	____/____/____	____/____/____	____/____/____
Time Given			
Dose Given			
Given by, staff signature			
Witness staff signature			
Observations/comments			

**(continued)**

Name of child \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_  
\_\_\_\_\_

Dose and time medicine to be given \_\_\_\_\_  
\_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Time Given

Dose Given

Given by, staff signature

Witness staff signature

Observations/comments

\_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Time Given

Dose Given

Given by, staff signature

Witness staff signature

Observations/comments

\_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Time Given

Dose Given

Given by, staff signature

Witness staff signature

Observations/comments

\_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Time Given

Dose Given

Given by, staff signature

Witness staff signature

Observations/comments

\_\_\_\_\_

Date                    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Time Given

Dose Given

Given by, staff signature

Witness staff signature

Observations/comments

\_\_\_\_\_

SHARNBROOK PRIMARY  
High Street, Sharnbrook, Bedford. MK44 1PF. Telephone: 01234 781328  
Email : [admin@sharnbrookprimary.beds.sch.uk](mailto:admin@sharnbrookprimary.beds.sch.uk)  
Head teacher: Mrs. Sheila Kaznowski  
Chair of Governors: Mrs. Elizabeth Carr-Archer

**Parental agreement for school to administer medicine.**

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of school \_\_\_\_\_ Sharnbrook Primary \_\_\_\_\_  
Name of child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Medical condition or illness \_\_\_\_\_

**Medicine: To be in original container with label as dispensed by pharmacy**

Name/type and strength of medicine \_\_\_\_\_  
*(as described on the container)*  
Date commenced \_\_\_\_\_  
Dosage and method \_\_\_\_\_  
Time to be given \_\_\_\_\_  
Special precautions \_\_\_\_\_  
Are there any side effects that the  
School should know about? \_\_\_\_\_  
Procedures to take in an emergency \_\_\_\_\_

**Parent/Carer Contact Details:**

Name \_\_\_\_\_  
Daytime telephone no. \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

I understand that I must deliver the medicine safely to the school office

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

Parent's signature \_\_\_\_\_ Print Name \_\_\_\_\_

SHARNBROOK PRIMARY  
High Street, Sharnbrook, Bedford. MK44 1PF  
Telephone: 01234 781328  
Email : [admin@sharnbrookprimary.beds.sch.uk](mailto:admin@sharnbrookprimary.beds.sch.uk)  
**Head teacher: Mrs. Sheila Kaznowski**  
**Chair of Governors Mrs. Elizabeth Carr-Archer**

## Head teacher agreement to administer medicine

Name of School Sharnbrook Primary

It is agreed that (*child's name*) \_\_\_\_\_ will receive  
(*quantity and name of medicine*) \_\_\_\_\_ every day at  
(*time medicine needs to be administered*) \_\_\_\_\_.

Name of Child \_\_\_\_\_ will be given/supervised whilst  
he/she takes their medication by (*name of member of staff*) \_\_\_\_\_.

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

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(*Head teacher/Deputy Head Teacher/Senior Teacher*)

SHARNBROOK PRIMARY

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Email: [admin@sharnbrookprimary.sch.beds.uk](mailto:admin@sharnbrookprimary.sch.beds.uk)

Head teacher: Mrs. Sheila Kaznowski Chair of Governors: Mrs. Elizabeth Carr-Archer

**Health Care Plan**

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's address \_\_\_\_\_

Medical diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

**Family Contact Information**

Name \_\_\_\_\_

Phone no. (work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

**Clinic/Hospital Contact**

Name \_\_\_\_\_

Phone no. \_\_\_\_\_

**G.P. name:** \_\_\_\_\_

Phone no. \_\_\_\_\_

**Describe medical needs and give details of child's symptoms**

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**Daily Care requirements (e.g. before sport/at lunchtime)**

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



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Follow up care

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

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Form copied to \_\_\_\_\_

**SHARNBROOK PRIMARY**

High Street, Sharnbrook, Bedford. MK44 1PF. Telephone: 01234 781328

Email : [admin@sharnbrookprimary.beds.sch.uk](mailto:admin@sharnbrookprimary.beds.sch.uk)

Head teacher: Mrs. Sheila Kaznowski Chair of Governors: Mrs. Elizabeth Carr-Archer

Dear Parent

Your child was given medication in school today.

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

Medicine given: \_\_\_\_\_ Date and time given \_\_\_\_\_

Reason: \_\_\_\_\_ Designation: \_\_\_\_\_

Signed by: \_\_\_\_\_ Print Name: \_\_\_\_\_