



Snitterfield Primary **School**

Supporting Pupils with Medical Conditions Policy

Date policy last reviewed: February 2025

Signed by:

<u>Rowena Silk</u>	Headteacher	Date: <u>14.02.2025</u>
<u>CM</u>	Chair of governors	Date: <u>14.02.2025</u>

Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Admissions
4. Notification procedure
5. Staff training and support
6. Self-management
7. IHPs
8. Managing medicines
9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)
10. Administering Medication
11. Asthma and Inhaler use
12. Intimate Care
13. Record keeping
14. Emergency procedures
15. Day trips, residential visits and sporting activities
16. Unacceptable practice
17. Liability and indemnity
18. Complaints
19. Home-to-school transport
20. Defibrillators
21. Monitoring and review

Appendices

- A. Individual Healthcare Plan Implementation Procedure
- B. Individual Healthcare Plan
- C. Parental Agreement for the School to Administer Medicine
- D. Record of Medicine Administered to an Individual Pupil
- E. Toilet Management Plan
- F. Staff Training Record – Administration of Medication
- G. Contacting Emergency Services
- H. Incident Reporting Form

Statement of intent

The governing board of Snitterfield Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

Included in this policy are the protocols surrounding:

- Administering medication
- Asthma and inhaler use
- Intimate care

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Equality information and objectives
- Attendance and Absence Policy
- Admissions Policy

2. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities at school as any other child
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured through the DfE RPA Arrangements
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.

- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nursing services will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nursing service when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nursing team and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nursing team for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals, with a view to discussing the necessity of an IHP as per *Appendix A*.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks where practicably possible.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school annually or as changes in conditions require.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.

The school nursing service will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Office Manager and provided by the following bodies:

- Commercial training provider
- The school nursing service
- GP / hospital staff / consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

7. Individual Healthcare Plans (IHPs) see *Appendix B*

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies

- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have an EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them as necessary, whether in school or attending a school trip or residential visit. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. (See *Appendix C*).

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's protocol in relation to allergens and anaphylaxis is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The external catering providers ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the company operates in line with Natasha's Law and food allergies can be found in their Food Safety Policy.

Staff members receive appropriate training and support relevant, to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the child's IHP. Where a pupil has been prescribed an AAI, this will be written into their IHP.

All staff receive annual training on how to administer an AAI, and the sequence of events to follow when doing so.

In the event of anaphylaxis, the nearest staff member will administer the AAI. If necessary, other staff members may assist with administering AAIs, e.g. if the pupil needs restraining.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted and always if an AAI device has been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their AAI taken and held by a member of staff who they are assigned to.

10. Administering Medication

Parents are responsible for making the decision that their child is well enough to attend school.

Normally, any prescribed medication should be administered at home. However, the school accepts that in some cases it may be necessary for some medication to be administered during school hours. Parents will be expected to complete an Agreement for School to Administer Medication form (see *Appendix C*).

Under arrangements made by the schools, parents should provide the headteacher/ office manager with sufficient information about their child's medical condition and its treatment or special care needed whilst at school. Parents are responsible for ensuring that these details are up to date.

Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner; that the details and the administration of it are clearly set out on the bottle / packaging and that any medication is in date.

Where appropriate, parents should be involved in the drawing up of a healthcare plan for their child.

No members of staff are obliged to administer or oversee the administration of medication to pupils.

School staff can oversee the administration of prescription medication and 'over the counter' medication for allergies, e.g. Piriton, as long as the parent has completed the Agreement for School to Administer Medication form (*Appendix C*).

In the event that medication is administered in school a Record of Medicine Administered to an Individual Pupil Appendix D will be completed.

11. Asthma and inhaler use

Parents are responsible for supplying the school with an inhaler prescribed for their child. This should be clearly labelled with the child's name and kept in a clearly named bag or container. Parents are also responsible for ensuring that the inhaler kept in school is in date.

Inhalers should be handed in to a member of staff and will be kept securely within the child's class and taken out of school for any class trip. The dosage and timings of administration should be within the IHP and the child's Asthma plan. Whenever the inhaler is administered in school a record of the dosage, the date, time and the person who administered the dose will be recorded on the Record of Medicine Administered to an Individual Pupil (*Appendix D*)

12. Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. This might include cleaning up a pupil after they have soiled themselves or even helping with a catheter or feeding tube. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control wherever possible. There shall be a high awareness of child protection issues. Staff behaviour may be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

The schools within the Stratford Rural Schools Federation are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Staff who provide intimate care for children with diagnosed conditions are trained to do so (including Child Protection and Health and Safety training as needed for specific pupils with EHCPs/disabilities) and are made fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist or an occupational therapist as required.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they are able. This may mean, for example, giving the child responsibility for washing themselves. Individual Intimate Care Plans will be drawn up for particular children as appropriate to suit the circumstances of the child (*Appendix E*).

13. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in *Appendix C* and *Appendix D*.

14. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it will detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

15. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

16. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

17. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with the DfE – through the Risk Protection Arrangements (RPA) covering liability relating to the administration of medication.

18. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's

complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

19. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

20. Defibrillators

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in the headteacher's office.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

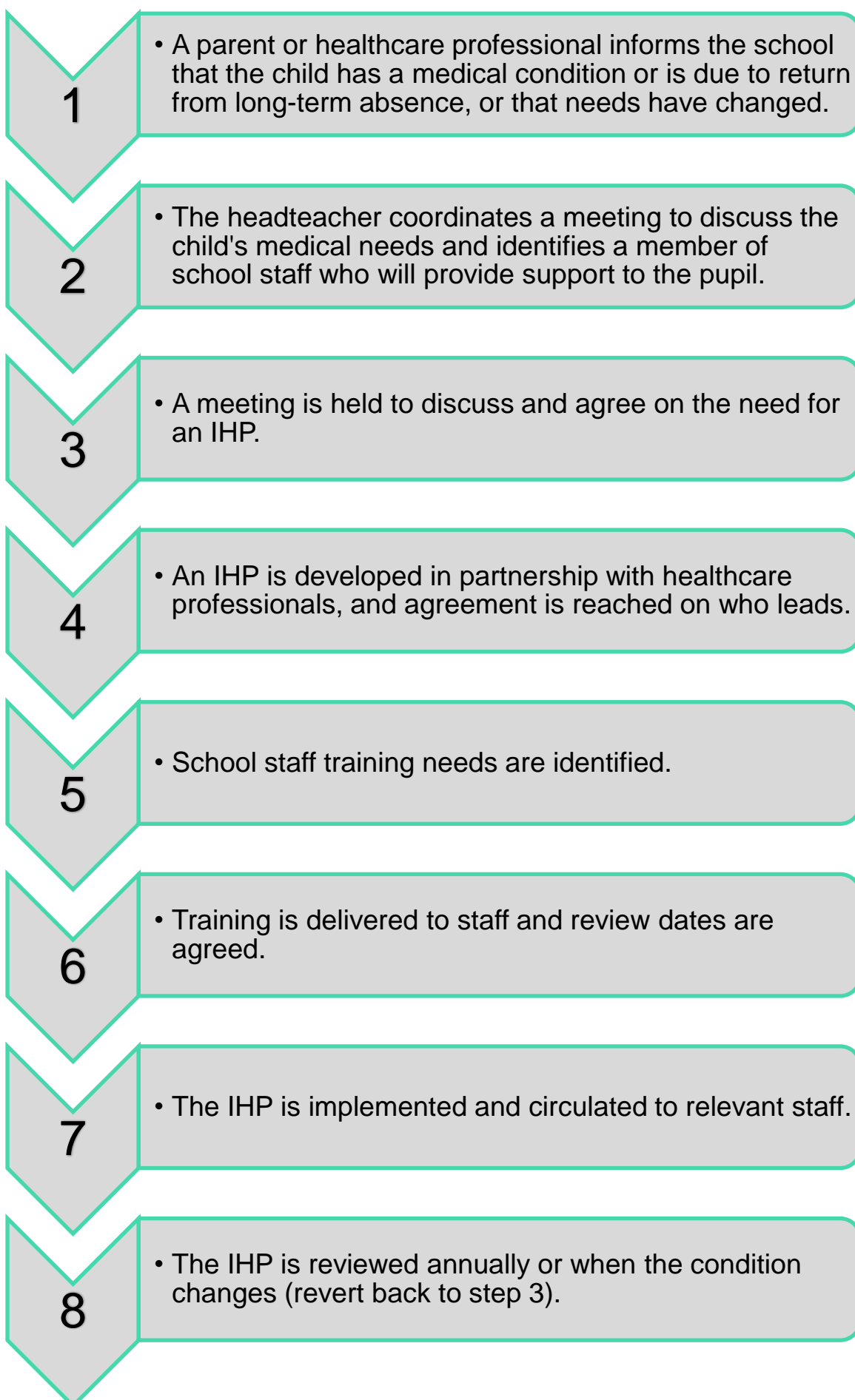
Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

21. Monitoring and review

This policy is reviewed on an biannual basis by the governing board and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **February 2027.**

Individual Healthcare Plan Implementation Procedure
Appendix A



Individual Healthcare Plan

Appendix B

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis of condition	
Date	
Review date	
Family contact information	
Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	
Hospital contact	
Name	
Phone number	

Pupil's GP

Name

Phone number

Who is responsible for providing support in school?**Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues****Name of medication, dose and method of administration****Daily care requirements****Arrangements for school visits and trips**

Other information
Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

Parental Agreement for the School to Administer Medicine
Appendix C

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

Administration of medication form

Date for review to be initiated by	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instructions	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name	
Telephone number	
Relationship to pupil	
Address	
I will personally deliver the medicine to	The school office manager

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 the relevant policies. 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.

Signature _____

Date _____

Record of Medicine Administered to an Individual Pupil
Appendix D

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

[Add more tables as necessary.]

TOILET MANAGEMENT PLAN

Appendix E

Parental Permission for Staff to Provide Intimate Care

I understand that:

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting;
- I will advise the Head of School of any medical reason my child may have which affects issues of intimate care;
- I understand that the intimate care provided for my child will be given by two members of staff (at all times) unless he/she needs lifting/carrying and there will be another member of staff.
- I understand that the member(s) of staff providing the care for my child have had appropriate training, including in Child Protection.

Parent/Carer name	
Address	
Signature	
Relationship to child	
Child's name	
Date of Birth	

INTIMATE CARE PLAN	
Child's Name	
Date of Birth	
Year Group	
Area of Need	
Equipment provided by parents	
Location of suitable facilities	
Frequency of support	
Other relevant information	

Staff Training Record – Administration of Medication
Appendix F

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Contacting Emergency Services

CONTACTING EMERGENCY SERVICES

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **01789731301**
- Your name.
- Your location as follows: **School Road, Snitterfield, Stratford upon Avon**
- The postcode: **CV37 0JL**.
- What3words for carpark entrance: **steams.uplifting.chapels**
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual

Incident Reporting Form

Appendix H

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider