



Staploe Education Trust:  
Primary Schools

# Supporting Pupils at School with Medical Conditions Policy

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# Contents

1. Aims .....	3
2. Legislation and statutory responsibilities .....	3
3. Roles and responsibilities .....	3
4. Equal opportunities .....	5
5. Being notified that a child has a medical condition .....	5
6. Individual Healthcare Plans (IHPs) .....	5
7. Managing medicines.....	6
8. Emergency procedures.....	8
9. Training .....	8
10. Record keeping .....	8
11. Liability and indemnity .....	8
12. Complaints .....	9
13. Monitoring arrangements.....	9
14. Links to other policies .....	9
Appendix 1: Process for Developing Individual Healthcare Plans .....	10
Appendix 2: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development	11
Appendix 3: Whole School IHP Register.....	12
Appendix 4: [Name of School]: Individual Healthcare Plan .....	13
Appendix 5: [Name of School] Parental Agreement for School to Administer Medication- Child with Individual Healthcare Plan (IHP)- <i>regular medicines such as epipens, asthma inhalers.</i> .....	16
Appendix 6: [Name of School] Record of Medicine Administered to an Individual Child without IHP	18
Appendix 7 Emergency Salbutamol & Adrenaline Pen Permissions .....	20
Appendix 8: Contacting Emergency Services .....	22
Appendix 9: Staff Training Record – [Name of School]: Staff training record – administration of medicines .....	23
Appendix 10: Register of consent for Emergency Salbutamol & Adrenaline Auto Injector.....	24
Appendix 11: School Inhaler Record.....	25

## 1. Aims

This policy aims to ensure that:

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

The individual Advisory Body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is the Headteacher**

## 2. Legislation and statutory responsibilities

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

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

## 3. Roles and responsibilities

### 3.1 The Advisory Body

Each primary school's Advisory Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The Advisory Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The Headteacher

The Headteacher will:

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

Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### 3.3 School Admin Staff

School Admin Staff will:

- Ensure that all data collection received from parents is entered into Sims accurately.
- Ensure that the IHP register is accurate and kept up to date and IHPs are scanned into Sims, including annual reviews.
- Ensure that parents have completed consent forms accurately when handing medication into the school office.
- Update at least annually, or as required a class list with photographs identifying Medical Conditions and dietary requirements.
- Brief supply teachers about the pupil, the medical condition and how the school supports that pupil.

### **3.4 Pupil's class teacher**

The Pupil's class teacher will:

- Develop and monitor the child's IHP in conjunction with parents and other staff as appropriate and review the IHP at transition stages e.g. when the child moves to another class.
- Risk assess school visits and other activities outside the normal school timetable, considering the pupil's medical condition and the specific support required.

### **3.5 Teachers & Support Staff**

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

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

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

### **3.6 Parents**

Parents will:

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

### **3.7 Pupils**

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

### **3.8 School nurses and other healthcare professionals**

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

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## 4. Equal opportunities

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

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

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

## 5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. [See Appendix 1- Process for developing Individual Healthcare Plans](#)

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

[See Appendix 2: model letter inviting parents to contribute to individual healthcare plan development](#)

## 6. Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. While the Headteacher has overall responsibility, the development of IHPs for pupils is delegated to the class teacher or TA identified as the child's keyworker. The office will manage the whole school register of IHPs. [See Appendix 3](#)

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

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

- What needs to be done
- When
- By whom

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

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

[See Appendix 4: School: Individual Healthcare Plan](#)

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

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

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

## 7. Managing medicines

All medicines must be handed in at the school office. Prescription medicines and non-prescription will only be administered at school:

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

**The only exception to this is where the medicine has been prescribed to the pupils without the knowledge of the parents.**

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

There are two types of medical consent:

- **Long-Term Conditions** – [Appendix 5](#)

Parental agreement for school to administer medication- Child with Individual Healthcare Plan (IHP)- **regular medicines such as epipens, asthma inhalers.**

- **Short-term Conditions-** [Appendix 6](#)

Record of medicine administered to an individual child without IHP eg course of antibiotics

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. Staff must record the date, time and dose given to the child. Appendix 5 & 6

The school will only accept prescribed medicines that are:

- In-date
- Labelled with pharmacy label
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

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

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

## Emergency Adrenaline Pen and Salbutamol Inhaler

The school office hold an emergency salbutamol inhaler, in accordance with 2015 'Guidance on the use of emergency salbutamol inhalers in schools' this should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The school office holds an emergency Adrenaline Pen. In accordance with 2017 'Guidance on the use of adrenaline auto-injectors in schools', this can be administered without prescription in an emergency, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

[See Appendix 7: Emergency Salbutamol & Adrenaline Pen Permissions](#)

[See Appendix 10: Register of consent for Emergency Salbutamol & Adrenaline Auto Injector](#)

[See Appendix 11- School Inhaler Record](#)

### 7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### 7.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### 7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise pupils 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 or other breaks whenever they need to in order to manage their medical condition effectively.

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

## 8. Emergency procedures

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

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. [See Appendix 8](#)

## 9. Training

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

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

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

Training will:

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

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. [See Appendix 9 – Staff Training](#)

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

## 10. Record keeping

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

All medication consent forms and IHPs will be kept in the school office accessible to all staff throughout the day, copies will be kept in the classroom with medication. IHPs are kept in a readily accessible place which all staff are aware of.

## 11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Staploe Education Trust is a member of the Department for Education's risk protection arrangement (RPA).

Our insurers will provide indemnity if a Member became legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.



Full written policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Please contact Staploe Education Trust's Operations Director if required.

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

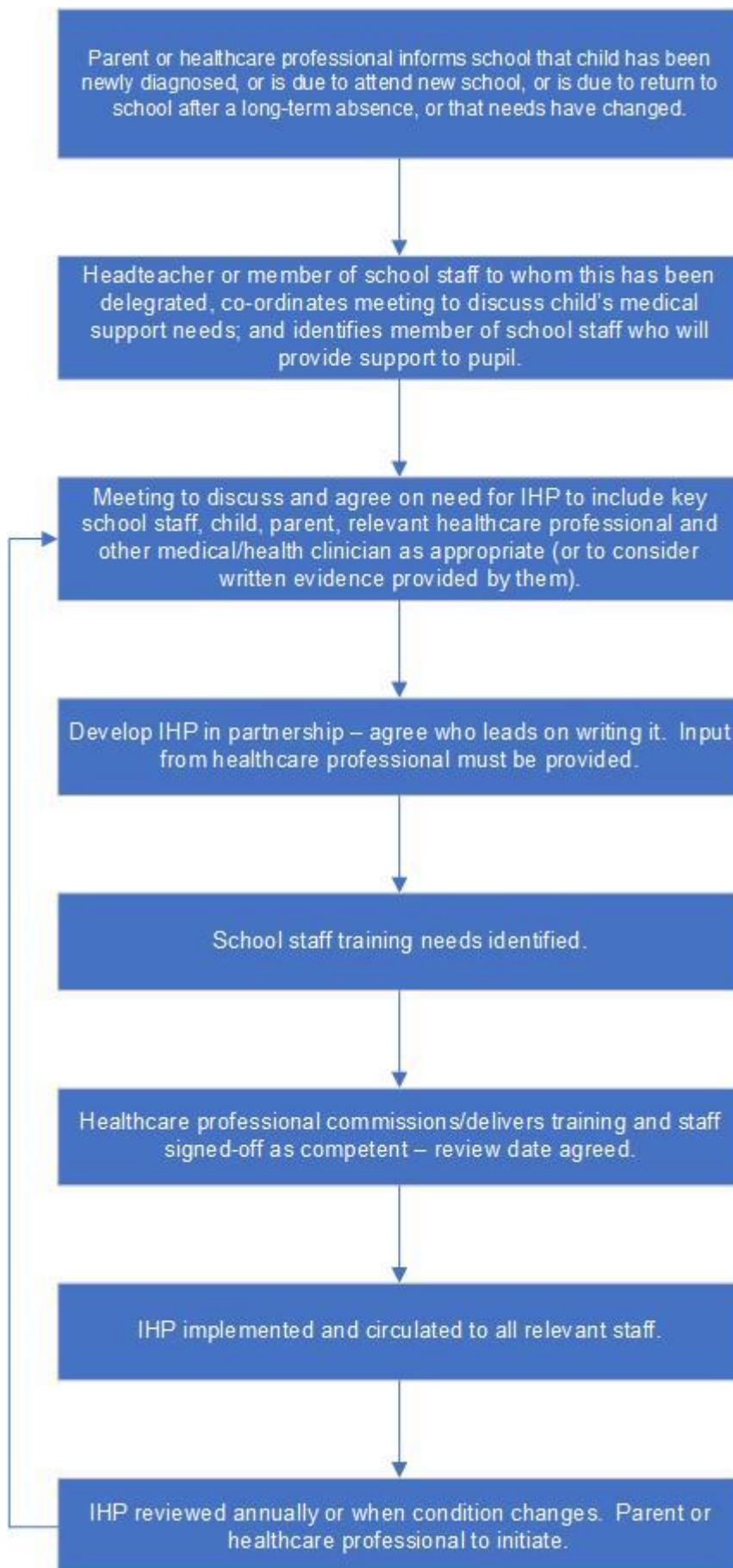
This policy will be reviewed and approved by the Advisory Body every year.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding & Child Protection Policy
- Special Educational Needs Policy

## Appendix 1: Process for Developing Individual Healthcare Plans



## Appendix 2: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and where necessary the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been arranged for xx/xx/xx. I hope this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

It would be helpful if you could complete the attached individual healthcare plan template and return it, together with the following:

A hospital plan that has been written specifically for your child, this can be used to inform the IHP.

- The enclosed data collection sheet, ensuring it is updated and all medical conditions and contact details are correct.
- A draft of the IHP and ready to discuss with your child's keyworker. This can be emailed in preparation to the school office.
- The school adrenaline pen / salbutamol inhaler form to be used in an emergency. (***This does not replace the need for parents to supply medication in school.***)

Yours sincerely

Headteacher

**Appendix 3: Whole School IHP Register**

**Record of IHPs**

<b>Class</b>	<b>Name</b>	<b>Medical Condition</b>	<b>Forms Sent Home</b>	<b>Forms Returned</b>	<b>Has Chartwells special diet been requested?</b>	<b>Date IHP Written</b>	<b>Date Shared with Parents</b>	<b>Review Date</b>	<b>Keyworker</b>

## Appendix 4: [Name of School]: Individual Healthcare Plan

Name of school/setting	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of IHP meeting	
Staff Member responsible for writing IHP	
Review date	

### Family Contact Information

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

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Key Worker assigned to child	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

Daily care requirements

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

Arrangements for school visits/trips etc.

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

Medical Conditions Folder		Class Folder		Copy with Medicines		Trips pack	
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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 medical conditions, dosage or frequency of the medication or if the medicine is stopped.

Staff Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 5: [Name of School] Parental Agreement for School to Administer Medication- Child with Individual Healthcare Plan (IHP)- regular medicines such as epipens, asthma inhalers.**

{Name of School} will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Class	
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 and labelled 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 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Appendix 6: [Name of School] Record of Medicine Administered to an Individual Child without IHP

Name of school  
 Name of child  
 Date medicine provided by parent  
 Class  
 Quantity received- ml  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine (including when last dose given)


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

Signature of parent/carer \_\_\_\_\_

Date  
 Parent contacted (name and time)  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Parent contacted (name and time)  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**Name:**

**DOB:**

**Medical Condition:**

Date  
Parent contacted (name and time)  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Parent contacted (name and time)  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Parent contacted (name and time)  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Parent contacted (name and time)  
Time given  
Dose given  
Name of member of staff  
Staff initials


## Appendix 7 Emergency Salbutamol & Adrenaline Pen Permissions

### NOTIFYING PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's Name

Class

Date and Time


Dear Parent/Carer

This letter is to formally notify you that.....has had problems with their breathing today. This happened when.....

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

[Name of School]

## **PERMISSION FOR USE OF EMERGENCY SALBUTAMOL INHALER** [Name of School]

### **Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Date:

Child's name:

Parent/Carer Name:

Parent/Carer Signature:

## **PERMISSION FOR USE OF EMERGENCY ADRENALINE PEN** [Name of School]

### **Child showing symptoms of anaphylactic shock**

1. I can confirm that my child has been diagnosed with an allergy requiring an adrenaline pen and has been prescribed an adrenaline pen [delete as appropriate].
2. My child has a working, in-date adrenaline pen, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline pen is not available or is unusable, I consent for my child to have administered the adrenaline pen from an emergency pen held by the school.

Date:

Child's name:

Parent/Carer Name:

Parent/Carer Signature:

## Appendix 8: Contacting Emergency Services



### Contacting Emergency Services

**Request for Ambulance - Dial 9 for an outside line, then dial 999, ask for ambulance and be ready with the following information:**

1. Telephone Number: Primary Office Number
2. Your name
3. Give location as follows:  
[Address]
4. State that the postcode is:
5. Give exact location of school setting:
6. Give name of child and brief description of their symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient
8. Contact parents or next of kin.

**SPEAK CLEARLY AND SLOWLY, BE READY TO REPEAT INFORMATION IF ASKED**

**Appendix 9: Staff Training Record – [Name of School]: Staff training record – administration of medicines**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that ..... has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated-

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

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

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

# Appendix 10: Register of consent for Emergency Salbutamol & Adrenaline Auto Injector

Child's Name	Year Group	Date of Consent Given



## Appendix 11: School Inhaler Record

### Schools Emergency Inhaler Record

Record No.	Name	Class / Year Group	Reason for administering	Time Given	Puff's Taken	First Aid Slip	Phone call home	Collected from School	Emergency services called	Staff signature
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										