Felpham Community College

Medical Conditions in School Policy

The Governing Body of Felpham Community College adopted the Medical Conditions in School Policy on 17 February 2022.

Date of review: February 2023

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Appendices

Please note: Some of the appendices have been replaced by information collected via Cognito Forms or Operoo - links to the cognito forms are below.

Appendix 1 - Parental agreement to administer medicine
https://www.cognitoforms.com/FelphamCommunityCollege/ParentalConsentToAdministerMedication

Appendix 2 - Parents' consent form / medical questionnaire
https://www.cognitoforms.com/FelphamCommunityCollege/ParentsConsentFormMedicalQuestionnaire

Appendix 3 - Individual Health Care Plan
https://www.cognitoforms.com/FelphamCommunityCollege/IndividualHealthcarePlanIHCP

Appendix 4 - Asthma information form
https://www.cognitoforms.com/FelphamCommunityCollege/InhalerParentAuthorisation

Appendix 5 - Allergy and Anaphylaxis
https://www.cognitoforms.com/FelphamCommunityCollege/AllergyAndAnaphylaxis

Appendix 6 - Contacting Emergency Services

Appendix 7 - Parent's Consent form for day trips - replaced by information collected via Operoo

Appendix 8 - Parent's Consent form for residential trips - replaced by information collected via Operoo

Appendix 9 - Parent's Consent form for overseas trips - replaced by information collected via Operoo

Appendix 10 - Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

1. Introduction - Statement of intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions. The governing body of Felpham Community College will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting students at school with medical conditions December 2015'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of students with medical needs, promote regular attendance and minimise the impact on a student's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care - this might mean giving medicines or medical care.

The lead for the management of medicines at Felpham Community College is the school welfare officer or in their absence, a trained first aider. In their duties staff will be guided by their training, this policy and related procedures.

2. Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools". Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

3. Policy statement

- Felpham Community College is an inclusive community that aims to support and welcome students with medical conditions.
- The school aims to provide all students with medical conditions the same opportunities as others at school.
- The school ensures all staff understand their duty of care to students in the event of an emergency.
- All staff should feel confident in knowing what to do in an emergency.
- The school understands that certain medical conditions are serious and can be potentially life-threatening.
- The school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school.
- All staff are made aware of students with serious medical conditions and have access to Health Care Plans if required and know how to respond in a medical emergency.
- Key staff receive training on the impact medical conditions can have on students.
- Staff should be vigilant in maintaining student confidentiality in line with the Data Protection Act 1998. Staff will consult with a Parent/Carer, or the student if appropriate, as to who should have access to medical records and information.

4. Prescribed medicines

Medicines should only be taken to school when essential. A form entitled 'Parental agreement for school/setting to administer medicine' (Appendix 1) must be completed by the parent or carer and then returned to the school Welfare Assistant with the medicine.

The medicine must be prescribed by a qualified practitioner and be provided in the original container, which has the instructions for administration clearly visible, including side effects. This also includes lotions, which some students may need as a short-term treatment.

Only medicines prescribed four times a day need to be taken during the school day. The lunchtime dose must be handed in to the school Welfare Assistant and the student can then take their medication in the medical room, administered by the school Welfare Assistant. Alternatively, Parents/Carers may call into the school and administer medicine to their child. For all medicines prescribed three times a day (for example, antibiotics), the dose can be in the morning before school, after school and at bedtime.

All medicines are kept in a locked non-portable cupboard, and only named first aiders have access. A record of all students taking their own medication is kept for audit and safety purposes.

Medicines when no longer required will be returned to the parents for safe disposal (the local pharmacy will usually take them).

5. Non-Prescription medicines

Parents/Carers must give written consent for the school staff to administer medication at the start of the school year or when their child joins the school (Appendix 1). The Parents/Carers' consent form / medical questionnaire (Appendix 2) are both issued to all Parents/Carers in the Welcome Pack as part of student transition.

There must be written parental consent for recurring 'over the counter' medications eg; Antihistamines, Ibuprofen.

Medication, eg; for pain relief, should never be administered without first checking the label for appropriate dosage and checking when the previous dose was taken.

If a child suffers regularly from frequent or acute pain the Parents/Carers are advised to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case - a note to this effect should be recorded on the consent form.

6. Administration of medicines

Parents/Carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/Carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

If a student at this school refuses their medication, staff will record this and follow the defined procedures. Parents/Carers will be informed of this noncompliance as soon as possible.

Staff cannot be held responsible for side-effects that occur when medication is taken correctly by the student.

7. Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the Parent/Carer, or the student if appropriate, as to who else should have access to records and other information about the student's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a student with medical needs will as a minimum be informed of the student's condition and know how to respond in a medical emergency.

8. Paracetamol

Occasionally, paracetamol can be administered, by the school Welfare Assistant, to students suffering from acute pain from things like, migraine, period pain and toothache.

Verbal consent by telephone must be gained from a student's Parent/Carer during the day to administer paracetamol between the start of the school day and 12pm.

Only in extreme circumstances would we administer paracetamol at the start of the school day. It is Parents/Carers responsibility to ensure pain relief has been administered before the school day.

The school can administer paracetamol without verbal parental consent on the day between 12pm and 2pm, as long as Cognito (online consent) or written consent has been provided.

The school will keep records of the administration of paracetamol as for prescribed medication. A note confirming that a student has received paracetamol is written and given to the student to take home. Students will receive a maximum of one dose per day (500mg).

The school keeps its own supply of standard paracetamol tablets for administration to students.

Students must not bring paracetamol (or other types of painkillers) to school for self-administration.

9. Controlled drugs

The school does not deem a student prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

10. Students taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the student's individual health care plan (Appendix 3) and Parents/Carers should complete the relevant section of 'Parental agreement for setting to administer medicine form' (Appendix 1). Parents/Carers are also invited to contribute to the individual health care plan for their child.

11. Staff training

The school will ensure that the staff who administer medicine are trained in the general procedures for medicines and that they receive appropriate training to administer specific medicines for example Epi-pens, insulin. Staff trained in the general procedures for medicines will guide and instruct untrained staff who may occasionally need to administer medicine. Training in the administration of specific medicines is arranged via the school Welfare Assistant. Electronic records of training completed by staff are kept by the Compliance Officer.

12. Emergency medicines and auto injectors

If a student has a severe allergy or a life-threatening condition and needs medication urgently at any time, the necessary treatment must be given to the school Welfare Assistant who will keep it in a named individual first aid box in the medical room. This is the responsibility of the Parent/Carer to inform the school if their child suffers from allergies (Appendix 5). All students requiring an auto injector as treatment must also carry their own with them at all times. No student is allowed in school without an in-date auto injector and it is the responsibility of the Parent/Carer to ensure both auto injectors are in-date.

13. Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually.

14. Mild allergic reaction

Non-prescription antihistamine provided by Parents/Carers will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or / and redness of the skin or eyes), the student must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

15. Hayfever

Parents/Carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

16. Severe allergic reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the student's IHP. The school will administer one standard dose of antihistamine (appropriate to age and weight of the student) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time students must **never** be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the student has been prescribed an adrenaline auto injector it will be administered without delay, an ambulance called and the Parents/Carers informed.

17. Asthma

It is the responsibility of the Parent/Carer to inform the school if their child suffers from asthma and then complete the Asthma Information form (Appendix 4). Immediate access to reliever inhalers is vital. Therefore, if an inhaler is the prescribed treatment, two must be brought into school. One inhaler the student needs to carry with them at all times and the other must be given to the school Welfare Assistant who will keep it in the medical room. The school inhaler will only be used in an emergency and will be used with a spacer as outlined in the Asthma tool kit.

Parents/Carers are responsible for ensuring that both inhalers are clearly marked with the student's name, date of birth and date of issue, and they must inform the school Welfare Assistant if there are any changes in their treatment or condition.

18. Diabetes

Parents/Carers of all students attending college with insulin dependent diabetes, must inform the school Welfare Assistant of their child's diabetic requirements and complete the Parental agreement for school/setting to administer medicine form (Appendix 1) and share the Individual Health Care Plan from the Western Sussex Hospital Trust Paediatric Diabetes Team. Parents/Carers must also ensure that there is an adequate supply of all they need, including food, in a named container which will be kept in the medical room at all times. Parents/Carers are responsible for informing the school Welfare Assistant of any changes in their child's requirements or treatment.

19. Travel sickness medication

Non-prescription travel sickness medication may also be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1). Medication must be suitable for the student's age, supplied by the Parent/Carer (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and Parents/Carers must certify this is the case - a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

Other non-prescription medicines are not administered at school and students should not bring them to school for self-administration.

20. Educational visits

All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

All students with medical needs are encouraged to participate in safely managed visits, and arrangements will be made to include a qualified first aider who is responsible for looking after the necessary medicines. A copy of any health care plans (Appendix 3) will be taken on visits in the event of information being needed in an emergency.

If staff are concerned about a student's safety or the safety of other children on a proposed visit, they will seek parental views and medical advice from the school health service or the student's GP.

Staff will administer prescription medicines to students when required during educational visits. Parents/Carers must complete the online Oopero consent form, providing up-to-date medical information; if Parents/Carers are unable to access this, they must complete a paper medical consent form EV1 (Appendix 7). Parents/Carers need to supply a sufficient supply of medication in its pharmacist's container. Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to students suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents/Carers must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

If a student misuses medication, either their own or another student's, their Parent/Carer is informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

21. Residential trips

All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

The school acknowledges the common law 'duty of care' to act like any prudent Parent/Carer. This extends to the administration of medicines and taking action in an emergency, according to the care plan. A copy of any health care plans (Appendix 3) will be taken on visits in the event of information being needed in an emergency.

Staff will administer prescription medicines to students when required during educational visits. Parents/Carers must complete the online Cognito consent form, providing up-to-date medical information; if Parents/Carers are unable to access this, they must complete a paper medical consent form EV1 (Appendix 8). Parents/Carers need to supply a sufficient supply of medication in its pharmacist's container.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to students suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents/Carers must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of standard paracetamol tablets for administration to students during a residential visit. The medication will be stored and administration recorded as for prescription medicines. Students should not bring paracetamol (or other types of pain killers) on the residential visit for self-administration.

If a student misuses medication, either their own or another student's, their Parent/Carer is informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

22. Travelling abroad

All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. A copy of any health care plans (Appendix 3) will be taken on visits in the event of information being needed in an emergency.

Staff will administer prescription medicines to students when required during educational visits. Parents/Carers must complete the online Cognito consent form, providing up-to-date medical information; if Parents/Carers are unable to access this, they must complete a paper medical consent form EV1 (Appendix 9). Parents/Carers need to supply a sufficient supply of medication in its pharmacist's container.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to students suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents/Carers must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan.

If a student misuses medication, either their own or another student's, their Parent/Carer is informed as soon as possible. The school will seek medical advice if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

European Health Insurance Cards (EHIC) should be applied for by Parents/Carers and supplied to the school prior to travel for all students that travel abroad.

23. Students with longer term and complex medical needs

Parents/Carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the Parents/Carers, Headteacher, school Welfare Assistant and other relevant health professionals to ensure that the student's medical needs are managed well during their time in school. For students with significant needs, arrangements will be documented in an individual care plan or educational health and care plan (Appendix 3). These plans will be reviewed by the school annually or following a significant change in a student's medical condition.

24. Complaints

Issues arising from the medical treatment of a student whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the Headteacher will inform the governing body to seek resolution.

25. Admissions

When the school is notified of the admission of a student with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an individual health care plan (Appendix 3) and additional staff training. The school will endeavour to put arrangements in place to support that student as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a student until sufficient arrangements can be put in place.

26. Roles and responsibilities when caring for children with medical needs

Parents/Carers have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. This can include, if appropriate, details from the GP or paediatrician. Students attending school must be well enough to cope with lessons and be able to take part in all planned activities. The school Welfare Assistant cannot be used as a substitute for a GP surgery.

It is the Parent's/Carer's responsibility to keep the school up-to-date with emergency contact names and numbers.

The school Welfare Assistant is qualified in first aid, and all staff undertaking duties in the medical room in her absence hold a current, recognised first aid certificate.

The School Health Service provide advice on health issues, both physical and mental, and work with various other health providers to make sure that all students with medical needs can receive support and help when needed.

27. Storage and access to medicines

All medicines apart from emergency medicines (inhalers, Epi-pens etc) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Students are told where their medication is stored and who holds the key. In the event that a student requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and Epi-pens are held both by the student and kept in a clearly identified container in the Medical Room. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. Parents/Carers will be asked to supply a spare Epi-pen for each child and they will be kept in the medical room.

Medicines that require refrigeration are kept in the medical room fridge, clearly labelled in an airtight container.

28. Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only half a tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the Parent/Carer for disposal.

29. Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

30. Record keeping

For legal reasons records of all medicines administered are kept at the school until the student reaches the age of 24. This includes medicines administered by staff during all educational visits. A Parent/Carer will be informed if their child has been unwell during the school day. All records are kept electronically.

31. Recording errors and incidents

If, for whatever reason, there is a mistake made in the administration of medication and the student is:

- given the wrong medication
- given the wrong dose
- given medication at the wrong time (insufficient intervals between doses)
- given medication that is out of date
- or the wrong student is given medication

Incidents must be reported to the School's Senior Leadership Team who will immediately inform the student's Parent/Carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Leadership will investigate the incident and change procedures to prevent reoccurrence if necessary.

NB: Incidents that arise from medical conditions that are being well managed by the school do not need to reported or recorded locally.

32. Permission to send a student home if they are unwell

The school Welfare Assistant will contact the Parent/Carer of a student whom she feels is not well enough to stay in school. The school Welfare Assistant will ask for the Parent/Carer to collect their child from school. If the Parent/Carer gives permission for the student to leave by themselves, the student becomes the Parent's/Carer's responsibility once they have left the school premises. The school Welfare Assistant will advise the Parent/Carer of this if permission is granted for their child to go home alone.

33. Medical emergencies

As part of a general risk management process, arrangements are in place for dealing with emergency situations. All students with medical needs that may necessitate emergency first aid, will have individual care plans. The individual health care plan (Appendix 3) will be given to ambulance crew should it be necessary to call an ambulance. These plans include instructions about how to manage the student in the event of an emergency, and contact numbers for Parents/Carers. An up-to-date list of all staff trained in first-aid is widely circulated throughout the school, and all staff know the procedure to follow in an emergency. The school Welfare Assistant is contacted in the first instance, and will administer emergency first aid whilst waiting for the ambulance to arrive. If the school is unable to contact anyone, a member of staff will accompany a student to hospital by ambulance whenever appropriate, and will stay until the Parent/Carer arrives. Details of contacting the emergency services are located in curriculum, administration, PE and reception areas (Appendix 6).

34. Summary of responsibilities

Felpham Community College works in partnership with all interested and relevant parties including the school's governing body, school staff and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governors
Have a responsibility to:

- Health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the school's health and safety policies and risk assessments are inclusive of the needs of students with medical conditions and reviewed annually.
- Make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- Ensure that the school has robust systems for dealing with medical emergencies and critical incidents at any time when students are on site or on out of school activities.

Headteacher
Has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in-line with local and national guidance and policy frameworks.
- Ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- Ensure every aspect of the policy is maintained.
- Ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings.
- Monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- Report back to governors about implementation of the health and safety and medical conditions policy.
- Ensure through consultation with the governors that the policy is adopted and put into action.

All school staff
Have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Call an ambulance in an emergency.
- Understand the school's medical conditions policy.
- Know which students in their care have a complex health need and be familiar with the content of the student's Individual Health Plan.
- Know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- Maintain effective communication with parents/carers including informing them that their child has been unwell at school.
- Ensure students who need medication have it when they go on a school visit or out of The classroom.
- Be aware of students with medication.

Appendix 1

Parental consent to administer medication
Please complete if your child requires medication other than for asthma or allergies

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

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

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing *Antibiotics - please note the following:* *If your child has been prescribed a course of antibiotics, the school can only administer* ***one dose*** *during the school day and only if the antibiotics need to be taken* ***four*** *times a day.* *The school cannot administer antibiotics if the prescribed dosage is less than four times a day.*	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Welfare Assistant

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent / Carer signature: _____ Print name: _____ Date: _____

Appendix 2

Parents' Consent Form / Medical Questionnaire
(for information of the Welfare Assistant)

Students name: _____

Date of Birth: _____

Contact numbers: _____

Mother's name and telephone number(s): _____

Father's name and telephone number(s): _____

Other (please also state relationship to child): _____

Part A - Medical Conditions

Does your child have any of the following:-

Condition	**Yes**	**No**
Asthma		
Heart Condition		
Epilepsy		
Fainting or blackouts		
Migraines		
Diabetes		
Allergies to any known drugs or medication, **if yes -** Has your child been prescribed an auto-injector for their allergy? Yes/No		
Any other allergies e.g. material, food, insect bites etc, **if yes -** Has your child been prescribed an auto-injector for their allergy? Yes/No		
Other illness or disability		
Problems with hearing/vision		
ADHD		

If the answer to any of these questions **is yes** please give details below:-

_____

_____

_____

Please see over

Part B - Paracetamol

	Yes	No
Do you give permission for school to administer paracetamol? (Verbal permission will still be required in addition before 12 noon).		

Part C - Other Medical Information

	Yes	No
Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?		
Has your child been given specific medical advice to follow in emergencies?		
Did your child require a Individual Healthcare Plan whilst in year 6 at primary school?		

If the answer to the questions in Part C **is yes** please give details here:-
(including dosage of any medicines/tablets)

_____

_____

_____

Asthma
If your child is asthmatic, parents/carers need to provide the school with an inhaler (with a spacer) which will be kept in the medical room for emergency use. Your child is also required to carry their inhaler on them in school at all times.

Allergies
If your child has an allergy, parents/carers need to provide the school with an auto-injector and antihistamine. Your child is also required to carry their auto-injector on them in school at all times.

Inhalers, auto-injectors and medication must be supplied in their original prescription box, clearly marked with your child's name, and be accompanied with a completed authorisation form of consent with concise directions of use.

Signed _____ Date _____
(Parent / Carer)

Print name _____

.

Appendix 3

Individual Health Care Plan (IHCP)

Child's name			
Forename		Surname	
Date of Birth		Tutor Group	

Child's Address			
Address Line1			
Address Line 2			
Town		Post Code	

Medical Diagnosis or Condition

Family Contact Information - 1			
Forename		Surname	
Tel number		Relationship to child	

Family Contact Information - 2			
Forename		Surname	
Tel number		Relationship to child	

Medical Contact Information			
Clinic / Hospital Name		Tel number	
GP Name		Tel number	

Who is responsible for providing support in school?

About the Condition	
Symptoms	Triggers
Signs	Treatments
Facilities	Equipment / Devices
Other useful information	

Medication Information	
Name of Medication	Dose
Method of Administration	When to be taken
Side Effects	Contra-indications

Administered by

☐ **Child**

☐ **With Supervision**

☐ **Staff Member**

☐ **Without Supervision**

Daily Care Requirements

Specific support for the child's education, social and emotional needs

Arrangements for school visits / trips etc

Any other information

Emergency Procedure
Describe what constitutes an emergency
What action should be taken if this occurs?
Who is responsible in an emergency? (Please state if different for off-site activities)

Plan developed with			
Forename		Surname	
Staff training needed / undertaken			

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the 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.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Parent's signature: _____ Print name: _____

Date: _____

Date for Review: _____

Appendix 4

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your son's/daughter's asthma. **Please return this form without delay.**

1. Does your son/daughter need an inhaler in school? Yes/No

2. Please provide information on your son's/daughter's current treatment. Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

_____

_____

_____

3. What triggers your son's/daughter's asthma?

_____

_____

It is advised that all students who need an inhaler should also have a spare inhaler in school. Spare inhalers are advised in the event that the first inhaler runs out, gets lost or is forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I understand that my child needs to carry his/her own inhaler whilst at school and on school visits. I agree to ensure that an in-date inhaler (and a spacer if prescribed) is provided to the school.

Signed: _____ Print name: _____

Date: _____

Tick the appropriate statements:

- ☐ My son/daughter carries his/her own inhaler
- ☐ My son/daughter requires a spacer and I have provided this to the medical room
- ☐ My son/daughter does not require a spacer
- ☐ I need to obtain an inhaler/spacer for school use and will supply this as soon as possible.

4. Does your son/daughter need a blue inhaler before doing exercise/PE. If so, how many puffs?

_____

Appendix 5

Allergy and Anaphylaxis

Student details			
Forename		Surname	
Date of Birth		Tutor Group	

Family contact 1			
Forename		Surname	
Relationship to child			

Family contact 2			
Forename		Surname	
Relationship to child			

GP contact			
Name		Surgery	
Tel No:			

Medicine in school			
Name of medicines	Dose	Location 1	Location 2

Please note: Parents / Carers are responsible for keeping medicines up-to-date, for notifying the school of any changes and for the removal of out-of-date medicines and returning to the dispensing pharmacy.

The child's allergic reactions have been: (tick as appropriate)

[ ] itching or strange metallic taste in the mouth
[ ] swelling of throat and tongue and/or hoarse
[ ] difficulty in breathing and/or swallowing
[ ] urticarial lesions anywhere on the body especially if large or numerous
[ ] generalised flushing of the skin
[ ] abdominal cramps and nausea
[ ] feeling of faintness
[ ] sense of apprehension/doom
[ ] collapse and unconsciousness

Nobody would necessarily experience all of these symptoms

I request that the treatment be given in accordance with the above/attached information by a responsible volunteer member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises. I will inform you immediately of any changes in the above.

I undertake to supply the school with the in-date drugs and medicines in properly labelled containers, including a 5ml medicine spoon.

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

I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the school staff, Governors or the local Education Authority in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

Signed: _____ Print name: _____

Date: _____

Appendix 6

Contacting Emergency Services

If Reception or a 1st Aider are not available, follow the procedure below:

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.

1. Telephone Number:

   01243 826511

2. Your location as follows:

   Felpham Community College
   Felpham Way
   Felpham
   Bognor Regis
   West Sussex
   PO22 8EL

3. State what the postcode is - please note that postcodes for satellite navigational systems may differ from the postal code:

   PO22 8EL

4. Inform Ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.

5. Your name.

6. Provide the exact location of the patient within the school setting.

7. Provide the name of the child and a brief description of their symptoms.

8. Put a completed copy of this form by the phone.

9. Ensure contact is made to parents/carers to advise an ambulance has been called.

Appendix 7

Parent Consent Form - EV1 - day visit

Trip/Event _____

On _____ *(date)*

I wish my son/daughter _____ ***Reg*** _____

(Full name of student in capitals please)

to be allowed to take part in the above-mentioned school visit and, having read the information provided, agree to his/her taking part in any or all of the activities described.

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the college staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/ daughter arising during or out of the journey. I am aware students may not be supervised at all times.

[Note: FCC uses the School Journey Insurance Policy of Chartis Insurance UK Ltd, available through West Sussex County Council, though claims arising from a pre-existing medical condition are exempt.]

Has your son/daughter had any of the following:-

Asthma or Bronchitis	**Yes**	**No**
Heart condition	**Yes**	**No**
Fits, fainting or blackouts	**Yes**	**No**
Severe headaches	**Yes**	**No**
Diabetes	**Yes**	**No**
Allergies to any known drugs or medication	**Yes**	**No**
Any other allergies *eg* material, food, insect bites etc	**Yes**	**No**
Other illness or disability	**Yes**	**No**
Had any recent contact with contagious diseases and infections	**Yes**	**No**
Receiving medical treatment of any kind from your family, doctor or hospital?	**Yes**	**No**
Been given specific medical advice to follow in emergencies?	**Yes**	**No**
If the answer to any of these questions is **yes** please give details below or on a **separate sheet** which should be firmly attached. Please include dosage of any medicines / tablets and medical treatment.		

Child's date of birth: / /	Name of child's doctor:
Doctor's practice name:	Doctor's telephone number:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Parent / carer Date _____

Name (block capitals) _____

Home Address _____

_____

Telephone No Home _____ Work _____ !Mobile _____

If not available at the above, please state an alternative contact across:

Name: _____

Telephone No: _____ Mobile _____

Note: Photographs/video film may be taken that include your son/daughter. If you do not wish such images to be used for normal publicity purposes, including publication on the college website, please tick this box. ☐

Please return to: The Finance Office

Appendix 8

Parent Consent Form - EV1b - UK residential visit

Trip/Event _____

On _____ *(date)*

I wish my son/daughter _____ ***Reg*** _____

(Full name of student in capitals please)

to be allowed to take part in the above-mentioned school visit and, having read the information provided, agree to his/her taking part in any or all of the activities described.

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the college staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/ daughter arising during or out of the journey. I am aware students may not be supervised at all times.

[Note: FCC uses the School Journey Insurance Policy of Chartis Insurance UK Ltd, available through West Sussex County Council, though claims arising from a pre-existing medical condition are exempt.]

Has your son/daughter had any of the following:-

Asthma or Bronchitis	**Yes**	**No**
Heart condition	**Yes**	**No**
Fits, fainting or blackouts	**Yes**	**No**
Severe headaches	**Yes**	**No**
Diabetes	**Yes**	**No**
Allergies to any known drugs or medication	**Yes**	**No**
Any other allergies *eg* material, food, insect bites etc	**Yes**	**No**
Other illness or disability	**Yes**	**No**
Had any recent contact with contagious diseases and infections	**Yes**	**No**
Receiving medical treatment of any kind from your family, doctor or hospital?	**Yes**	**No**
Been given specific medical advice to follow in emergencies?	**Yes**	**No**
If the answer to any of these questions is **yes** please give details below or on a **separate sheet** which should be firmly attached. Please include dosage of any medicines / tablets and medical treatment.		

Child's date of birth: / /	Name of child's doctor:
Doctor's practice name:	Doctor's telephone number:

Dietary Requirements Please provide details of any food allergies, special dietary requirements or foods not eaten (eg vegetarian, vegan, no pork, no fish etc)

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Parent / carer Date _____

Name (block capitals) _____

Home Address _____

_____

Telephone No Home _____ Work _____ IMobile _____

If not available at the above, please state an alternative contact across:

Name: _____

Telephone No: _____ Mobile _____

Note: Photographs/video film may be taken that include your son/daughter. If you do not wish such images to be used for normal publicity purposes, including publication on the college website, please tick this box. ☐

Please return to The Finance Office

Parent Consent Form - EV1a - overseas visit

Appendix 9

Trip/Event _____

On _____ *(date)*

I wish my son/daughter _____ ***Reg*** _____

(Full name of student in capitals please)

to be allowed to take part in the above-mentioned school visit and, having read the information provided, agree to his/her taking part in any or all of the activities described.

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the college staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/ daughter arising during or out of the journey. I am aware students may not be supervised at all times.

[Note: FCC uses the School Journey Insurance Policy of Chartis Insurance UK Ltd, available through West Sussex County Council, though claims arising from a pre-existing medical condition are exempt.]

Has your son/daughter had any of the following:-

Asthma or Bronchitis	**Yes**	**No**
Heart condition	**Yes**	**No**
Fits, fainting or blackouts	**Yes**	**No**
Severe headaches	**Yes**	**No**
Diabetes	**Yes**	**No**
Allergies to any known drugs or medication	**Yes**	**No**
Any other allergies *eg* material, food, insect bites etc	**Yes**	**No**
Other illness or disability	**Yes**	**No**
Had any recent contact with contagious diseases and infections	**Yes**	**No**
Receiving medical treatment of any kind from your family, doctor or hospital?	**Yes**	**No**
Been given specific medical advice to follow in emergencies?	**Yes**	**No**
If the answer to any of these questions is **yes** please give details below or on a **separate sheet** which should be firmly attached. Please include dosage of any medicines / tablets and medical treatment.		

Child's date of birth: / /	Name of child's doctor:
Doctor's practice name:	Doctor's telephone number:

Dietary Requirements

Please provide details of any food allergies, special dietary requirements or foods not eaten (eg vegetarian, vegan, no pork, no fish etc)

Passport Details

Please complete your child's passport details below. All information given must be as detailed on your child's passport - these details may be used to purchase tickets.

Forename	**Any middles name(s) (please see note above relating to names)**	**Surname**
Passport Number	**Place of Issue**	**Expiry Date**

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Parent / carer Date _____

Name (block capitals) _____

Home Address _____

_____

Telephone No Home _____ Work _____ IMobile _____

If not available at the above, please state an alternative contact across:

Name: _____

Telephone No: _____ Mobile _____

Note: Photographs/video film may be taken that include your son/daughter. If you do not wish such images to be used for normal publicity purposes, including publication on the college website, please tick this box. ☐

Please return to The Finance Office

Appendix 10

Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

Student details:

Child's name	
D.O.B.	
Class	

Nature of Allergy	

Contact Information

Name					Relationship to student			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to student			
Phone numbers	Work		Home		Mobile		Other	

GP	**Clinic/ Hospital Contact**
Name:	Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION - Antihistamine

Name of antihistamine and & expiry date	

- **It is the parents' responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

- **It is the schools' responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative _____ Date: _____

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administered this medication in the past without adverse effect.

Signed: _____

I am the person with parental responsibility

Print name: _____ Date: _____