

Felpham Community College

Medical Conditions in School Policy

The Governing Body of Felpham Community College adopted the Medical Conditions in School Policy on 08 March 2023.

Date of review: March 2023

Contents

- 1. Introduction Statement of intent
- 2. Insurance
- 3. Policy statement
- 4. Prescribed medicines
- 5. Non-Prescription medicines
- 6. Administration of medicines
- 7. Confidentiality
- 8. Paracetamol
- 9. Controlled drugs
- 10. Students taking their own medication
- 11. Staff training
- 12. Emergency medicines and auto injectors
- 13. Anaphylaxis
- 14. Mild allergic reaction
- 15. Hayfever
- 16. Severe allergic reaction
- 17. Asthma
- 18. Diabetes
- 19. Travel sickness medication
- 20. Educational visits
- 21. Residential trips
- 22. Travelling abroad
- 23. Students with longer term and complex medical needs
- 24. Complaints
- 25. Admissions
- 26. Roles and Responsibilities when caring for children with medical needs
- 27. Storage and access to medicines
- 28. Waste medication
- 29. Spillages
- 30. Record keeping
- 31. Recording errors and incidents
- 32. Permission to send a student home if they are unwell
- 33. Medical emergencies
- 34. Summary of responsibilities Governors, Headteacher and school staff

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Please note: Some of the appendices have been replaced by information collected via Cognito Forms or Operoo - links to the cognito forms are below.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

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.



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.

setting has a policy that the staff can admir	ister 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 containstructions and/or Patient Information Lea		nacy and the manufacturer's		
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:		



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

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		

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?		

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 det (including dosage of any medicines/tablets)	ails here:-		
Asthma If your child is asthmatic, parents/carers need to provide the so which will be kept in the medical room for emergency use. You inhaler on them in school at all times.			
Allergies If your child has an allergy, parents/carers need to provide the antihistamine. Your child is also required to carry their auto-inj		•	
Inhalers, auto-injectors and medication must be supplied in the marked with your child's name, and be accompanied with a coconsent with concise directions of use.	•	•	
Signed D	ate		
Print name			

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Individual Health Care Plan (IHCP)

Child's name				
Forename	Surname			
Date of Birth	Tutor Group			
L	· · · · · · · · · · · · · · · · · · ·			
Child's Address				
Address Line1				
Address Line 2				
Town	Post Code			
Medical Diagnosis or C	ondition			
Family Contact Informa				
Forename	Surname			
Tel number	Relationship to			
	child			
Family Contact Informa	tion - 2			
Forename	Surname			
Tel number	Relationship to			
remumber	child			
	Gilla			
Medical Contact Inform	ation			
Clinic /	Tel number			
Hospital				
Name				
GP Name	Tel number			
l l				
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	<u> </u>
Child	With Supervision
Staff Member	Without Supervision
Daily Care Requirements	
Specific support for the child's education	, social and emotional needs

Arrangements for school vis	its / trips etc		
Any other information			
Emergency Procedure			
Describe what constitutes an	emergency		
What action should be taken in	this occurs?		
140	0 (5)	'6 1'66 . 6	
Who is responsible in an eme	gency? (Please state	if different for	off-site activities)
Plan developed with			
Forename		urname	
Staff training needed / unde	taken		
		_	curate at the time of writing and I give
consent to the school s	tatt administering med	dicine in accor	dance with the school policy.
I will inform the school	mmediately, in writing	ı. if there is an	y change in dosage or frequency of the
medication or if the me		,	, , ,
I agree that my child's it	nedical information ca	ın be shared v	vith school staff responsible for their care
Parent's signature:		Print nam	ne:
Date:			
Date for Review:			



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	s your son/daughter need an inhaler in s	chool?	Yes/No			
	se provide information on your son's/dau haler, the dose and how many puffs? D	•	nt. Include the name, type			
3. Wha	t triggers your son's/daughter's asthma?					
Spare i	rised that all students who need an inhal nhalers are advised in the event that the s must be clearly labelled with your child piry date.	first inhaler runs out, ge	ets lost or is forgotten.			
	•	r own inholor whilet et e	ahaal and an aahaal visita			
	stand that my child needs to carry his/he to ensure that an in-date inhaler (and a					
Signed	:	_ Print name:				
Date:						
Tick the	e appropriate statements:					
	My son/daughter carries his/her own inl	naler				
	My son/daughter requires a spacer and	I have provided this to	the medical room			
	My son/daughter does not require a spa	acer				
	I need to obtain an inhaler/spacer for school use and will supply this as soon as possible.					
4. Does	s your son/daughter need a blue inhaler l ?	before doing exercise/Pl	E. If so, how many			



Allergy and Anaphylaxis

Student details	S				
Forename			Surr	name	
Date of Birth			Tuto	or Group	
Family contact	t 1				
Forename			Surr	name	
Relationship to child					
Family contact	t 2				
Forename			Surr	name	
Relationship to child					
GP contact					
Name			Surg	gery	
Tel No:					
Medicine in sc Name of medici		Dose		Location 1	Location 2
notifying the so returning to the	hool o	-	l for t	for keeping medicines he removal of out-of-da as appropriate)	•
 swelling of difficulty i urticarial i generalise abdomination feeling of sense of a 	of throad n breat lesions ed flush al cramp faintne appreho	ning of the skin os and nausea	hoars ing		rous

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:	



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.

2.	Your location as follows:			
	Felpham Community College Felpham Way			
	Felpham			
	Bognor Regis West Sussex			
	Wast Sussay			

Telephone Number:

01243 826511

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.

1.

- 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.

App	endix	7
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Parent Consent Form - EV1 - day visit

				Schoom Care ell
n		(date)		
wish my son/daughter			Reg	
	(Full name of stud	ent in capitals please)		
be allowed to take part in the		ol visit and, having read t	the information provide	d, agree to hi
have ensured that my son/dainy rules and any instructions			safety and for the safe	ty of the group
understand that, while the col nless they are negligent they rising during or out of the jour	cannot be held responsib	ole for any loss, damage	or injury suffered by m	
Note: FCC uses the School Jo ouncil, though claims arising				West Sussex
as your son/daughter had an	y of the following:-			
Asthma or Bronchitis			Yes	No
Heart condition			Yes	No
Fits, fainting or blackouts			Yes	No
Severe headaches			Yes	No
Diabetes	P P		Yes	No
Allergies to any known dru			Yes	No
Any other allergies <i>eg</i> mate Other illness or disability	eriai, 1000, insect bites et	C	Yes Yes	No No
T Office filliess of disability			162	NO
	h contagious dispasses ai	nd infactions	Voc	No
Had any recent contact wit			Yes Yes	No No
	nt of any kind from your fall advice to follow in eme se questions is yes pleas	family, doctor or hospital ergencies? se give details below or o	? Yes Yes n a separate sheet when the separate sheet sheet when the separate sheet s	No No
Had any recent contact wit Receiving medical treatme Been given specific medica If the answer to any of thes firmly attached. Please inc	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medic	? Yes Yes n a separate sheet when the separate sheet sheet when the separate sheet s	No No
Had any recent contact wit Receiving medical treatme Been given specific medica If the answer to any of these	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medical regions. Name of child's doctor:	? Yes Yes n a separate sheet who cal treatment.	No No
Had any recent contact wit Receiving medical treatme Been given specific medica If the answer to any of thes firmly attached. Please inc	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medic	? Yes Yes n a separate sheet who cal treatment.	No No
Had any recent contact wit Receiving medical treatme Been given specific medica If the answer to any of thes firmly attached. Please inc Child's date of birth: Doctor's practice name:	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medical regencies. Name of child's doctor: Doctor's telephone numes of the course	? Yes Yes n a separate sheet wheal treatment.	No No
Had any recent contact wit Receiving medical treatme Been given specific medica If the answer to any of thes firmly attached. Please inc Child's date of birth: Doctor's practice name:	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medical regencies. Name of child's doctor: Doctor's telephone numes of the course	? Yes Yes n a separate sheet where the cal treatment. ber: the visit. Date	No No nich should be
Had any recent contact wit Receiving medical treatme Been given specific medical If the answer to any of these firmly attached. Please incomplete the content of the second secon	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medical region of tablets are region of tablets. Parent / carer	? Yes Yes n a separate sheet where the cal treatment. ber: the visit. Date	No No nich should be
Had any recent contact with Receiving medical treatmer Been given specific medical If the answer to any of these firmly attached. Please incomplete the second of the seco	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or o icines / tablets and medical region of tablets are region of tablets. Parent / carer	? Yes Yes n a separate sheet where the cal treatment. ber: the visit. Date	No No nich should be
Had any recent contact with Receiving medical treatmer Been given specific medical If the answer to any of these firmly attached. Please incomplete the second of the seco	nt of any kind from your fall advice to follow in eme se questions is yes pleas slude dosage of any med	family, doctor or hospital regencies? se give details below or of icines / tablets and medical regions. Name of child's doctor: Doctor's telephone numular carry during the course of the parent / carer.	? Yes Yes n a separate sheet wheal treatment. ber: the visit. Date	No No nich should be

Please return to: The Finance Office

Parent Consent Form - EV1b - UK residential visit

	Appendix 8
•	Community Co.
	Bostone Care effe

Trip/Event			
On	(date)		Shoots Care en
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.]

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	on	Yes	No
Any other allergies eg material, food, inse	ect bites etc	Yes	No
Other illness or disability		Yes	No
Had any recent contact with contagious d	Yes	No	
,	iodaddd aria i iiddadio		
Receiving medical treatment of any kind f		Yes	No
Receiving medical treatment of any kind f Been given specific medical advice to follow	rom your family, doctor or hospital?	Yes Yes	No No
Receiving medical treatment of any kind f Been given specific medical advice to follow If the answer to any of these questions is firmly attached. Please include dosage of	rom your family, doctor or hospital? ow in emergencies? yes please give details below or on a sep f any medicines / tablets and medical treat	Yes Yes arate sheet which	No No
Receiving medical treatment of any kind f Been given specific medical advice to follow If the answer to any of these questions is	rom your family, doctor or hospital? ow in emergencies? yes please give details below or on a sep	Yes Yes arate sheet which	No No

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 capi	tals)				
Home Address					
Telephone No	Home		Work	lMobile	
If not available at		Name:			
please state an al contact across:	ternative	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 return to The Finance Office please tick this box.

Parent Consent Form - EV1a - overseas visit

Appendix 9

rip/Event					San The Community of	
n	(date)					
wish my son/daughter			Reg			
	(Full name of stud	ent in capitals please)				
be allowed to take part in the king part in any or all of the ac		ol visit and, having read	l the information բ	orovided, a	gree to his/her	
have ensured that my son/daugny rules and any instructions g			r safety and for th	ne safety of	f the group that	
understand that, while the colle nless they are negligent they carising during or out of the journ	annot be held responsil	ole for any loss, damage	e or injury suffere			
Note: FCC uses the School Jou Council, though claims arising fr	om a pre-existing medi			rough Wes	t Sussex Count	
as 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				Yes	No	
Any other allergies <i>eg</i> mater	riai, food, insect bites et	C		Yes	No	
Other illness or disability	(!. P	. 12.6.7.		Yes	No	
Had any recent contact with			10	Yes	No	
Receiving medical treatmen Been given specific medical			al?	Yes Yes	No No	
If the answer to any of these firmly attached. Please inclu Child's date of birth:			dical treatment.			
Doctor's practice name:		Doctor's telephone nur	mber			
Dietary Requirements Please provide details of ar no pork, no fish etc)	ny food allergies, specia	al dietary requirements o	or foods not eater	n (eg veget	tarian, vegan,	
Passport Details Please complete your child passport - these details ma			must be as detai	led on you	r child's	
	Any mid	dles name(s)				
Forename		te above relating to ames)		Surnam	е	
	r Place of Issue					

Signed			Parent / carer	Date	
Name (block cap	oitals)				
Home Address					
Telephone No	Home		Work	!Mobile	
If not available a	•	Name:			
please state an a contact across:	alternative	Telephone No:		Mobile	
• .		_	,	nter. If you do not wish such on the college website, please	
tick this box.	ca for florinar j	Jubilicity purposes,	morading publication	on the conege website, picase	

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

Please return to The Finance Office

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



Student deta	ails:						
Child's nan	ne						
D.O.B.							
Class							
Nature of Allergy							
Contact Informat	ion						
Name					Relatio	nship to studen	t
Phone numbers	Work		Home		Mobile		Other
If I am unavailabl	e pleas	se contact:			Relatio	nship to studen	
Phone numbers	VVOIK		Home		Mobile		Other
GP				Cli	nic/ Hos	spital Contac	t
Name:				Na	me:		
Phone No:				-	one No:		
Address:				Ad	dress:		
MEDICATION - A Name of antihista and & expiry date	amine	amine					
Dosage & Method	: As p	rescribed c	on the co	ontainer. ensure thi	s care p		ed and parents
Agreed by: Schoo	l Repre	esentative .				Date:	
involved with my	child's	s care and ne as part o	educati of my cl	on, and I q nild's trea	give my tment fo	consent to tl or anaphylaxi	ed with individuals ne school to s. I confirm I have
Signed:							
I am the person w	ith pare	ental respon	sibility				

_ Date: _

Print name: __