Inspire Partnership Academy Trust

First Aid and Medicines Policy

Version 2026.1 (V1.1)

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Policy Owner:	Alan Williams
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Contents

Contents 2
1. Statement of Intent 4
2. Roles and Responsibilities 6
    2.1. The Trust Board 6
    2.2. The Headteacher 6
    2.3. The School Nurse / Healthcare Professional 7
    2.4. Appointed Person(s) and First Aiders 7
    2.5. Mental Health First Aider 8
    2.6. Staff Trained to Administer Medicines 9
    2.7. Other Staff 9
3. Arrangements 10
    3.1. First Aid Boxes 10
    3.2. Medication 10
    3.3. First Aid Needs Risk Assessment 10
    3.4. Early Years Requirements 11
    3.5. First Aid 11
    3.6. School's Insurance Arrangements 12
    3.7. School Visits 12
    3.8. Administering Medicines in School 13
    3.9. Storage/Disposal of Medicines 13
    3.10. Accidents/Illnesses Requiring Hospital Treatment 14
    3.11. Allergies 14
    3.12. Defibrillators 14
    3.13. Pupils with Special Needs; Individual Healthcare Plans and Education Health Care Plans 15
    3.14. Emergency Procedures 16
    3.15. Accident Recording and Reporting 17
    3.16. Mental Health First Aid 19
4. Conclusions 21
Appendix 1 - Contacting Emergency Services 21
Appendix 2 - Healthcare Plan (Template) 23
Appendix 3 - Parental Agreement for School Name to Administer Medicine 25
Appendix 4 - Record of Regular Medicine Administered to an Individual Child (Parts A & B) 27
Appendix 5 - Indication for Administration of Medication During Seizures 30

Appendix 6 - Seizure Medication Chart 31
Appendix 7 - Medication Given in School (note to parent/carer) 31
Appendix 8 - Staff training Record (Administration of Medicines) 33
Appendix 9 Guidance on Head Injuries 34
Further Guidance 35
Resources for Specific Conditions 35

1. Statement of Intent

1.1. The Board of Trustees and the Head Teacher(s) of Woodhill Primary School believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school.

1.2. We are committed to ensuring:

1.2.1. The provision of adequate provision for first aid for pupils, staff and visitors.

1.2.2. The completion of a first aid needs risk assessments for significant activities carried out.

1.2.3. That pupils with medical needs are fully supported at school and that suitable records of assistance required and provided are kept.

1.2.4. First-aid materials, equipment and facilities are available, according to the findings of the risk or needs assessment.

1.2.5. Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

1.2.6. The promoting of an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

1.3. We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations. We will also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

1.4. In the event of illness, a staff member will accompany the pupil to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent pupils from eating, drinking or taking breaks whenever they need to.

1.5. This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them.

1.6. The policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and/or Health and Safety Representatives).

Name: Nicholas Dear Signature: Date: June 2027

(CEO)

Name: Martha Holder Signature: Date: June 2026

(Headteacher)

1.7. Review Procedures

This policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the CEO for acceptance.

1.8. Distribution of Copies

Copies of the approved policy will be shared to relevant staff including the Headteacher, first aiders and the premises team as well as board members and displayed on the school website.

2. Roles and Responsibilities

2.1. The Trust Board

The Trust Board has ultimate responsibility for health and safety matters, including first aid, in the school. This includes:

2.1.1. Ensuring the First Aid Needs Risk Assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.2. Providing first aid materials, equipment and facilities according to the findings of the risk assessment.

2.1.3. Ensuring that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.2. The Headteacher

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

2.2.1. To carry out a first aid needs risk assessment for the school site, review annually and/or after any significant changes.

2.2.2. Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times and that their names are prominently displayed throughout the school.

2.2.3. Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.4. Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

2.2.5. Ensuring all staff are aware of first aid procedures.

2.2.6. Ensuring appropriate risk assessments are completed and appropriate measures are put in place.

2.2.7. Ensuring that adequate space is available for catering to the medical needs of pupils.

2.2.8. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary (see section 3.15.2).

2.3. The School Nurse / Healthcare Professional

Where identified as required by the First Aid Needs Risk Assessment the School will be allocated or have access to a school nurse or other suitably qualified healthcare professional; this person will have the lead role in:

2.3.1. Ensuring pupils with medical conditions are identified and properly supported in schools, including supporting staff on implementing a pupil's Healthcare Plan.

2.3.2. Working with the Headteacher to determine the training needs of school staff.

2.3.3. Administer first aid and medicines in line with current training and the requirements of this policy.

2.3.4. Periodically checking the contents of each first aid box and any associated first aid equipment (e.g. defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.

2.3.5. Assist with completing accident report forms and investigations.

2.3.6. To notify relevant school leader when taking annual leave or planned absence to ensure adequate cover can be provided.

2.4. Appointed Person(s) and First Aiders

The school's appointed persons are responsible for:

2.4.1. Taking charge when someone is injured or becomes ill.

2.4.2. Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.

2.4.3. Ensuring that an ambulance or other professional medical help is summoned, when appropriate.

2.4.4. First aiders are trained and qualified to carry out the role and are responsible for:

2.4.4.1. Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.

2.4.4.2. Advising when pupils need to go home to recover, where necessary.

2.4.4.3. Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see section 3.15).

2.4.4.4. Keeping their contact details up to date.

2.5. Mental Health First Aider

The appointed persons are responsible for:

2.5.1. Providing mental health first aid as needed, at their level of competence and training.

2.5.2. Providing help to prevent mental health issues from becoming more serious before professional help can be accessed.

2.5.3. Promoting the recovery of good mental health.

2.5.4. Providing comfort to an individual with a mental health issue.

2.5.5. Acting as an advocate for mental health in the workplace, helping to reduce stigmas and enact positive change.

2.5.6. Escalating and documenting any matters if required within a suitable time frame.

2.5.7. Ensuring they maintain confidentiality as appropriate.

2.5.8. Listening non-judgmentally.

2.5.9. The school recognises that Mental Health First Aiders may be carried away from their normal duties at short notice.

2.6. Staff Trained to Administer Medicines

Members of staff in the school who have been trained to administer medicines must ensure that:

2.6.1. Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.

2.6.2. Wherever possible, the pupil will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.

2.6.3. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

2.6.4. Records are kept of any medication given.

2.7. Other Staff

School staff are responsible for:

2.7.1. Ensuring they follow first aid procedures.

2.7.2. Ensuring they know who the first aiders in school are and contacting them straight away.

2.7.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.7.4. Informing the Headteacher or other leader of any specific health conditions or first aid needs.

3. Arrangements

3.1. First Aid Boxes

3.1.1. The first aid posts are located in:

3.1.1.1. The School Office

3.1.1.2. Classrooms

3.1.1.3. Forest room

3.2. Medication

3.2.1. Pupils' medication is stored in:

3.2.1.1. Classrooms

3.2.1.2. Medical room

3.3. First Aid Needs Risk Assessment

3.3.1. The school will ensure a First Aid Needs Risk Assessment is completed to establish if there is adequate and appropriate first aid provision in place.

3.3.2. The school will ensure this assessment is reviewed when significant changes occur.

3.3.3. A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid At Work as per the outcome of the First Aid Needs Risk Assessment. Refresher training will be provided as required.

3.3.4. A sufficient number of staff will receive specialist training as identified with the First Aid Needs Risk Assessment or as required within student's Individual Healthcare Plans.

3.4. Early Years Requirements

3.4.1. The school ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.

3.4.2. The school ensures enough paediatric first aiders are in place as per the school's First Aid Needs Risk Assessment and early years requirements.

3.4.3. The school will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.

3.4.4. The school will ensure paediatric first aid training is renewed every 3 years.

3.4.5. The school will aim to achieve the Millie's Mark Award (https://www.milliesmark.com/). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:

3.4.5.1. Raising standards in paediatric first aid.

3.4.5.2. Increasing number of paediatric first aid trained staff.

3.4.5.3. Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.

3.4.5.4. Enabling trained staff to respond quickly in emergencies.

3.4.5.5. Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.

3.4.5.6. Providing reassurance to parents.

3.5. First Aid

In the case of a pupil accident, the procedures are as follows:

3.5.1. The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.

3.5.2. The first aider administers first aid and records details in the treatment book.

3.5.3. If the child has had a bump on the head this must be recorded and relevant staff advised to monitor behaviour throughout the day. See NHS guidance in **Appendix 11**.

3.5.4. Full details of the accident are recorded in the accident book and/or other recording system.

3.5.5. If the child has to be taken to hospital or the injury is `work' related then the accident is reported to the Executive team promptly.

3.5.6. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then the accident is also reported to the Executive team promptly.

3.6. School's Insurance Arrangements

3.6.1. The school is insured via membership of the Department for Education's Risk Protection Agreement (RPA).

3.7. School Visits

3.7.1. In the case of a residential visit, the residential first aider will administer first aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.7.2. In the case of day visits a trained first aider will carry a travel kit in case of need.

3.7.3. Where identified within an educational visits First Aid Needs Risk Assessment, the lead first aider will arrange for additional equipment such as epi-pens, inhalers as relevant to Healthcare Plans.

3.8. Administering Medicines in School

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

3.8.2. Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

3.8.3. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

3.8.4. In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office (See **appendix 3**).

3.8.5. Staff will ensure that records are kept of any medication given.

3.8.6. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

3.8.7. Non-prescribed medicines may not be taken in school.

3.9. Storage/Disposal of Medicines

3.9.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Pupils' medicine will not be locked away out of the pupil's access; this is especially important on school trips.

3.9.2. Asthma inhalers will be held by the school for emergency use, as per the Department of Health's protocol.

3.9.3. When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents.

3.10. Accidents/Illnesses Requiring Hospital Treatment

3.10.1. If a child has an incident which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

3.10.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.11. Allergies

3.11.1. Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

3.11.2. Arrangements are in place for whole-school awareness training on allergies.

3.11.3. Allergy Awareness is covered in depth in the Allergy Awareness Policy that supports this First Aid & Administration of Medicines Policy.

3.12. Defibrillators

3.12.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.12.2. The local NHS ambulance service has been notified of their location.

3.12.3. Procedures are in place to maintain the equipment in accordance with manufacturer's recommendations.

3.12.4. The equipment is regularly checked by the site Premises team.

3.13. Pupils with Special Needs; Individual Healthcare Plans and Education Health Care Plans

3.13.1. Some pupils have medical conditions or special educational needs (SEN) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.13.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

3.13.3. The school will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

3.13.4. Individual Healthcare plans (IHP) and Education, Health and Care (EHC) plans will help the school to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. Where a student has SEN but does not have a

statement or EHC plan, their special educational needs should be mentioned in their IHP.

3.13.5. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and paediatrician. The school nurse may also provide additional background information and practical training for school staff.

3.13.6. The procedure that will be followed when the school is first notified of a pupil's medical condition or special educational needs:

Review of medical or special educational needs by SENCO Page 16 of 42 Collaboration matters Excellence in everything Community first Equity for everyone Continuous growth

- Meet with pupil, parents/carers to gain a better understanding of needs of the individual

- Appropriate support put in place (include staff training) and all key adults informed

This will be in place in time for the start of the relevant school term for a new pupil starting at the school or no longer than two weeks after a new diagnosis or in the case of a new pupil moving to the school mid-term.

3.13.7. The procedure that will be followed annually or when there is a significant change in a student's medical condition or special educational needs:

- Annual review organised by SENCO with all relevant persons including pupil, parents, school nurse in attendance

- Review and adjustment of support in place (include staff training) and all key adults informed

3.14. Emergency Procedures

3.14.1. Staff will follow the school's normal emergency procedures (for example, calling 999).

3.14.2. Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

3.14.3. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

3.15. Accident Recording and Reporting

The school will ensure the following records and procedures are in place:

3.15.1. First aid and accident record book:

3.15.1.1. An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be communicated to parents.

3.15.1.2. As much detail as possible should be supplied when completing the accident form.

3.15.1.3. A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff.

3.15.1.4. Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3.15.2. Reporting to the Health and Safety Executive (HSE):

3.15.2.1. The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

3.15.2.2. The Headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

3.15.2.2.1. Death.

3.15.2.2.2. Specified injuries, which are:

3.15.2.2.2.1. Fractures, other than to fingers, thumbs and toes.

3.15.2.2.2.2. Amputations.

3.15.2.2.2.3. Any injury likely to lead to permanent loss of sight or reduction in sight.

3.15.2.2.2.4. Any crush injury to the head or torso causing damage to the brain or internal organs.

3.15.2.2.2.5. Serious burns (including scalding).

3.15.2.2.2.6. Any scalping requiring hospital treatment.

3.15.2.2.2.7. Any loss of consciousness caused by head injury or asphyxia.

3.15.2.2.2.8. Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

3.15.2.2.2.9. Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).

3.15.2.2.3. Where a work-related accident leads to a member of the public being taken to hospital.

3.15.2.2.4. Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

3.15.2.2.4.1. The collapse or failure of load-bearing parts of lifts and lifting equipment.

3.15.2.2.4.2. The accidental release of a biological agent likely to cause severe human illness.

3.15.2.2.4.3. The accidental release or escape of any substance that may cause a serious injury or damage to health.

3.15.2.2.4.4. An electrical short circuit or overload causing a fire or explosion.

3.15.2.2.5. Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

3.15.2.2.5.1. The death of the person, and it arose out of or in connection with a 'work' activity; or

3.15.2.2.5.2. An injury that arose out of or in connection with a 'work' activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

3.15.2.3. Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

3.15.3. Notifying parents

3.15.3.1. The first aider who has administered the first aid check will inform parents of any accident or injury sustained by the pupil, and any first aid treatment given, on the same day.

3.15.4. Reporting to Ofsted and child protection agencies

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

3.15.4.2. The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

3.16. Mental Health First Aid

3.16.1. The school is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the school is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

3.16.2. The school mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

3.16.3. The school recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

3.16.4. All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the school's confidentiality policy.

3.16.5. Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to the headteacher who will advise on the next steps to be taken.

3.16.6. All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

3.16.7. If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or their headteacher.

3.16.8. The school ensures all staff have access to supporting documentation and information. All staff are encouraged to access this information at any time.

4. Conclusions

4.1. This First Aid and Medicine Policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Contacting Emergency Services

Request for an ambulance Dial 999, ask for an ambulance, and be ready with the following information:
1. Your telephone number:
2. Give your location as follows: Woodhill Primary School, Woodhill, Woolwich, London SE18 5JE
3. State that the school postcode is: SE18 5JE
4. Give exact location within the school (caller to insert brief description)
5. Give your name:
6. Give name of child and a brief description of their symptoms:
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty.
Speak clearly and slowly and be ready to repeat information if asked.
*Put a completed copy of this form by the telephone.

Appendix 2 - Healthcare Plan (Template)

School	
Pupil Name & Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who Needs To Know About Pupils Condition & What Constitutes an Emergency	
Action to Be Taken in Emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	

Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*	
School Trip Support/Activities Outside School Hours (e.g. risk assessments, who is responsible in an emergency)	
Form Distributed To	

Date _____

Review date _____

This will be reviewed at least annually or earlier if the child's needs change

Arrangements that will be made in relation to the child travelling to and from School. *If the pupil has life-threatening condition, specific transport healthcare plans will be carried on vehicles*

_____

_____

_____

_____

_____

_____

Appendix 3 - Parental Agreement for Woodhill Primary School to Administer Medicine

(one form to be completed for each medicine)

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

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

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

Name/type and strength of medicine
(as described on the container) _____

_____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the School should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:
Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

_____

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

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

Parent's signature _____

Print Name _____

Date _____

Appendix 4 - Record of Regular Medicine Administered to an Individual Child (Parts A & B)

Part A – Parent / Carer Authorisation

Name of school _____

Name of child _____

Date of medicine provided by parent _____/_____/_____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given _____

Staff signature _____

Signature of parent _____

Part B - Records

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given* _____

Check the medication given coincides with the information stated on Part A.

Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____

Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	____/____/____	____/____/____	____/____/____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____

Appendix 5 - Indication for Administration of Medication During Seizures

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

_____

_____

When to give medication: _____

_____

_____

Usual recovery from seizure: _____

_____

_____

Action to be taken if initial dose not effective: _____

_____

_____

_____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.

Appendix 6 - Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

Date	Time	Given by	Observation/evaluation of care	Signed/date/time

Appendix 7 - Medication Given in School (note to parent/carer)

Name of school _____

Name of child _____

Group/class/form _____

Medicine given _____

Date and time given _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 8 - Staff training Record (Administration of Medicines)

SCHOOL _____

Name	Job Title	Training	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Appendix 9 Guidance on Head Injuries

Go to A&E If:	Call 999 if:
You or your child have had a head injury and have: ● been knocked out but have now woken up ● vomited (been sick) since the injury ● a headache that does not go away with painkillers ● a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5) ● been crying more than usual (especially in babies and young children) ● problems with memory ● been drinking alcohol or taking drugs just before the injury ● a blood clotting disorder (like haemophilia) or you take medicine to thin your blood ● had brain surgery in the past You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks	Someone has hit their head and has: ● been knocked out and has not woken up ● difficulty staying awake or keeping their eyes open ● a fit (seizure) ● fallen from a height more than 1 metre or 5 stairs ● problems with their vision or hearing ● a black eye without direct injury to the eye ● clear fluid coming from their ears or nose ● bleeding from their ears or bruising behind their ears ● numbness or weakness in part of their body ● problems with walking, balance, understanding, speaking or writing ● hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident ● a head wound with something inside it or a dent to the head Also call 999 if you cannot get someone to A&E safely

For further guidance see the NHS advice:
https://www.nhs.uk/conditions/head-injury-and-concussion/

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The following are some examples. The H&S lead in the school will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  https://councilfordisabledchildren.org.uk/
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/ and also,

  https://www.allergyuk.org/information-and-advice/for-schools
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust

https://www.cysticfibrosis.org.uk/

- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/