

FORM 1 - CONTACTING EMERGENCY SERVICES

Request for an Ambulance

- Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number	INSERT ON TEMPLATE
2. Give your location (full school name and address):	INSERT ON TEMPLATE
3. State the postcode:	INSERT ON TEMPLATE
4. Give exact location in the school/ setting:	INSERT ON TEMPLATE
5. Give your name:	
6. Give name of pupil and a brief description of the symptoms. <i>(Many children with existing medical conditions have "open access" to hospital; tell the operator the pupil's name and where they have open access).</i>	
7. Inform the Ambulance Control of the best entrance to the building/location of pupil.	

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

Put a completed copy of this form by the telephone.

FORM 2: HEALTH CARE PLAN GUIDANCE ON COMPLETION

The health plan should specify:

- The pupil's view where possible.
- Parental wishes for the child.
- The care co-ordinator/key worker for the child.
- Protocols for exchanging information between Education and Health services (with clearly defined lines of responsibility and named contacts), including the provision of accurate and regularly updated information about the needs of the individual pupil.
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular pupil – better planning leads to fewer real emergencies.
- Any special health care needs which may affect the pupil's use of services such as transport or play activities at the school, implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the pupil is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the pupil on out of school visits.
- Health care plans should be reviewed annually (at the pupil's annual school review if applicable). If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
- The importance of very clear procedures for emergency treatment for all pupils with complex health needs.


FORM 2: HEALTH CARE PLAN SCHOOL

Pupil's name	
Date of birth	
Group/class/form	
Pupil's address	
Medical diagnosis or condition	
Date	
Review Date	

FAMILY CONTACT INFORMATION:

Name (1)	
Relationship to pupil	
☎ Daytime	
☎ Evening	
☎ Mobile	
Name (2)	
Relationship to pupil	
☎ Daytime	
☎ Evening	
☎ Mobile	

CLINIC/HOSPITAL CONTACT:

Name & Designation	
Hospital	
	

GP:

Name	
Address	
	

Describe medical needs and give details of pupil's symptoms

Daily care requirements (*eg before sport/at lunchtime*)

Describe what constitutes an emergency for the pupil, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Form copied to:

FORM 3: PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form and the school has agreed that staff can administer medicine.

Child's name			
Date of birth			
Group/class/form			
Medical condition or illness			
Medicine Name/type of medicine (as described on the container)			
Date dispensed		Expiry date	
Agreed review date to be initiated by (name of member of staff)			
Dosage and method			
When to be given			
Special precautions			
Are there any side effects that the school needs to know about?			
Self administration			
Procedures to take in an emergency			

Note: Medicines must be in the original container as dispensed by the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school arrangements. 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.

Contact Details:

Name	
Relationship to pupil	
☎ Daytime	
☎ Mobile	
Address	

Parents:

I understand that I must deliver the medicine personally to *(insert name of agreed member of staff here)* _____.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Print Parent/Guardian Name:	Signature:
	Date:

Documentation completed by (health professional):

Name and designation:	Signature:
	Date:

If more than one medicine is to be given, a separate form should be completed for each one.

FORM 4: HEADTEACHER AGREEMENT TO ADMINISTER MEDICINE

Name of school: _____

It is agreed that *(name of pupil)* _____ will receive
(quantity and name of medicine) _____ every day at
(time medicine to be administered, e.g. lunch time or afternoon break)

(Name of pupil) _____ will be given/supervised whilst
he/she takes their medication by *(name of member of staff)* _____

This arrangement will continue until *(either end date of course of medicine or until
instructed by parents)* _____

Headteacher Print Name:	Signature:
	Date:

Documentation completed by (health professional):

Name and designation:	Signature:
	Date:

FORM 6: REQUEST FOR PUPIL TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school	
Name of pupil	
Date of birth	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Details:

Name	
Relationship to pupil	
☎ Daytime	
☎ Mobile	
Address	

Parents:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Print Parent/Guardian Name:	Signature:
	Date:

FORM 7: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school	
Staff Member	
Type of training received	
Date training completed	
Training provided by	
Profession and title	

I confirm that (*name of member of staff*) _____ has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated (*state how often*) _____

Trainer's name (PRINT):	Signature:
	Date:

I confirm that I have received the training detailed above:

Staff Member Name (PRINT):	Signature:
	Date:

SUGGESTED REVIEW DATE: _____

Documentation completed by (health professional):

Name and designation:	Signature:
	Date: