

FIRST AID & MEDICINES POLICY

Hemingbrough Community Primary School

1. General Statement

It is our policy to ensure that appropriate first aid arrangements are in place for our staff and any visitors to our premises. This includes providing sufficiently trained employees for our business needs and maintaining an adequate supply of first aid equipment.

It also involves providing enough information to staff to enable first aid assistance to be sought during normal working hours. Where work is regularly undertaken outside these hours, then adequate first aid cover will be provided. This also applies to Educational, off site visits.

2. The Legal Position

Our duty to provide first aid at work is governed by the **Health and Safety (First Aid) Regulations 1981**. These require us to carry out a risk assessment in order to determine which first aid facilities and personnel are necessary to meet the needs of our business.

We are also required to review this assessment periodically to ensure that current provision is adequate. In order to comply with these Regulations, our assessment has considered a number of factors, including the following:

- Size of the school.
- Building layout.
- Past history of accidents.
- Proximity of business location to emergency medical services.
- Needs of traveling and/or lone workers.
- First aid cover in times of sickness or annual leave.

3. Responsibilities of First Aid Personnel

In order to carry out their duties effectively, first aid personnel have the following duties and responsibilities. It is our policy that staff will be trained to emergency first aid level. First-aiders are responsible for:

- Responding promptly to all requests for assistance
- Summoning further help if necessary
- Looking after the casualty until recovery has taken place or further medical assistance has arrived

- Reporting details of any treatment provided.

Appointed persons are responsible for:

- Taking charge when a person has been injured or falls ill.
- Calling an ambulance where necessary
- Looking after the first aid equipment and ensuring that containers are re-stocked when necessary by informing **Mrs Horsfield in the school office** if items are required.

Full Level 3 Emergency First Aid at Work (including defibrillator) and Paediatric First Aid trained staff are:-

Mrs Sarah Chappell

Mrs Mel McBride

Miss Zoe Murray

Mrs Sophie Cowling

Mrs Liz Powell

Mrs Lisa Senior

Mrs Vicky Doganozu

Mrs Val Male

Mrs Carol Begg

Mrs Helen Taylor

Mrs Natalie Nuza

Miss Charlotte Middlebrook

Mrs Liz Tillyard

Trained in First Aid basics in an educational setting

Mrs Teresa Horsfield

4. Procedures

The following are general first aid related procedures to be followed by all staff:

Minor first aid incidents will be treated by emergency first aid staff. All non-minor incidents must be treated by the first aid at work trained staff.

- if you are aware that an employee/Pupil has been taken ill, or has had an accident, contact a first aider for assistance.

Emergency First Aiders are: - See above

- No employee should use their private car to transport a casualty to hospital unless unavoidable. Staff must have business insurance as seen by Senior leaders
- A member of staff will accompany the sick or injured to hospital and remain until a family member, parent or guardian attends.
- If you need to access a first aid kit for personal use, do not remove it from its designated place.
- Any loss or damage to first aid equipment must be reported to **Mrs Horsfield in the school office**
- if a first aid kit is poorly stocked, this should be reported to **Mrs Horsfield in the school office**
- All coaches and minibuses are expected to carry a first aid kit with them at all times. They are responsible for its safe-keeping and to keep it adequately stocked. ***School staff will also carry first aid supplies.***

5. Dealing with Visitors

- It is our policy to offer first aid assistance to visitors to our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first-aider/appointed person. If the visitor has had an accident **contact Mrs Horsfield in the school office who is** responsible for ensuring that an entry is made in the accident book/form and ensuring ARF1 forms are sent to County Hall.

6. Staff Training

All staff undertaking first aid duties will be given full training in accordance with current legal requirements. This means that a first-aider will attend an approved Health & Safety Executive course and any appointed persons will attend a basic four-hour course.

Where necessary, all line managers will be expected to organise shifts and rosters to enable staff to attend. We will do our best to ensure that sufficient notice of both initial training courses and any refreshers are given to managers to assist with this planning.

All staff are required to follow DFE guidance with regards to the dispensing and storing of medication. This guidance can be found in the staff handbook given to each staff member as part of the school induction process. A copy of DFE guidance can be found in the school office or as an addendum to this policy.

Medication can be dispensed by:-

- **Mrs Horsfield and Mrs Chappell and other staff (no staff are contractually obliged to dispense medication)**

Epi pen trained staff are: - **All staff**

Emergency Inhaler Kit – held in office next to staffroom

Emergency adrenaline auto-injectors are held in office next to staffroom

7. Information for Employees

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff.

This and further information is also included in our staff handbook. Information on the current first-aider/appointed person will be provided on the **Fire Evacuation and first Aid Notices**. These can be found in the following locations: - in public areas to the school.

First aid boxes can be found in the following areas: In the medical drawers in the main office, in the New build cupboard, classrooms, cloakroom to EYFS/KS1 playground and portable packs for trips

Signed Sarah Chappell

Reviewed: July 2026

Next Review Date: Sept 2028

Managing Medicines in Schools and Early Years Settings

1. Introduction

1.1 The following guidance and model policy draw directly on advice contained within DCFS publication '*Managing Medicines in Schools and Early Years Settings*': DCFS/Department of Health 2005 Ref 1448-2005 DCL-EN

1.2 The DCFS publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance *Supporting Pupils with Medical Needs: a Good Practice Guide*, and circular 14/96 *Supporting Schools with Medical Needs in School*, which were published in 1996.

1.3 The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

1.4 The document should be regarded as an essential reference point when schools and settings are dealing with issues which may not be directly covered in their own policy.

Copies are available from DCFS publications distribution centre telephone: 0845 6022260 or DCFS Online Publications website –

<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publication&ProductId=DCFS-1448-2005>

2. Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children.

3. Access to Education and Associated Services

3.1 Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

3.2 Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

3.3 Schools are also under a duty to plan strategically to increase access, over time, for disabled children, including those with medical needs.

3.4 Like schools, early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision covered by Part 3 of the DDA should be making

reasonable adjustments for disabled children, including those with medical needs.

3.5 The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

- Setting suitable learning challenges
- Responding to pupils' diverse needs
- Overcoming potential barriers to learning

4. Support for Children with Medical Needs

4.1 Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition.

4.2 There is no legal duty that requires school or setting staff to administer medicines. Some schools are developing roles for support staff which build the administration of medicines into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

4.3 Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

4.4 Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Asthma

- School staff are aware that, although it is a relatively common condition, asthma can develop into a life threatening situation.
- Children who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions.
- The Headteacher and Governing body have chosen to keep emergency Salbutamol inhalers and spacers in school for use by children who have a diagnosis of asthma and whose parent/s have given us written permission for their child to use it. This would be in rare circumstances where an inhaler has become lost or unusable. Parents are informed by standard letter if their child has used the schools emergency inhaler.
- Mrs Horsfield in the school office is responsible for managing the stock of the emergency school Salbutamol inhalers.
- The emergency salbutamol inhalers will be kept in the school office along with a register of children whose parent/s has given permission for these to be used as appropriate, and also a log of every time an inhaler has been used.
- Mrs Horsfield in the school office is responsible for ensuring the emergency inhalers and spacers are washed as necessary

5. Home to School Transport

5.1 The Local Authority has a duty to ensure that pupils are safe during journeys. Most pupils with medical needs do not require supervision on school transport, but trained escorts should be provided if considered necessary. Guidance should be sought from the child's GP or

paediatrician.

5.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that this should happen (i.e. in an emergency), they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

5.3 Where pupils have life-threatening conditions, specific health care plans should be carried on vehicles. Advice should be sought from the pupil's school, and input will be needed from parents and the responsible medical practitioner. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

5.4 All drivers and escorts should have basic first aid training. Additionally trained escorts may be needed to support some pupils with complex medical needs.

5.5 Some pupils are at risk of severe allergic reactions. Risks can be minimised by not permitting eating on vehicles.

6. Developing Policies

6.1 Employers, including Local Authorities and school governing bodies, must have a health and safety policy by law. Schools and settings should review existing health and safety policies in order to ensure that they incorporate the management of medicines and the support of children with medical needs.

6.2 The registered person in early years settings, which can legally be a management group rather than an individual, is responsible for the health and safety of children in their care. The legal framework for registered early years settings is derived from both health and safety legislation and the National Standards for regulation of daycare.

6.3 Settings outside the LEA **must** take out Employers Liability Insurance to provide cover to staff acting within the scope of their employment. Employers should make sure that their insurance arrangements provide full cover in respect of these actions.

6.4 Head teachers and governors of schools may also want to ensure that policy and procedures are compatible and consistent with any registered day care (e.g. Out of School Club) operated by them or an external provider on the school premises.

6.5 Policies should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up the policy.

6.6 A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents.

The following Model Policy is offered for incorporation, or as a basis for incorporating the management of medicines, into the Health and Safety policy of schools and settings in North Yorkshire.

Managing Medicines

Hemingbrough Community Primary School is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

1. Managing prescription medicines which need to be taken during the school day.

- 1.1 Parents should provide full information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.
- 1.2 The school/setting will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
- 1.3 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- 1.4 Some medicines prescribed for children (e.g methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber's instructions. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour code.
- 1.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects
 - Expiry date
- 1.6 The school/setting will refer to the DCFS guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

- 2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.
- 2.2 If staff are concerned about how they can best provide for a child's safety, or the safety

of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DCFS guidance on planning educational visits.

- 2.3.1 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- 2.5 The school will cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 3.1 Close co-operation between schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff should **never** give a non-prescribed medicine to a child.
- 3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures. Parents will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed.

4. Parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents' responsibility to provide the headteacher with sufficient information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The headteacher should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are

to ensure the best care for a child.

- 4.4 If parents have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents' responsibility to keep their children at home when they are acutely unwell.
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, a Health Care Plan should be completed, involving both parents and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.
- 5.2 The school will agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- 5.3 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
 - Headteacher or head of setting
 - Parent or carer
 - Child (if appropriate)
 - Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- 5.6 The school/setting will consult the DCFS publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

Paragraphs 131 – 193

6 Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

- 6.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.
- 6.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil.
- 6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

7 Staff support and training in dealing with medical needs

- 7.1 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents are aware of the policy and procedures for dealing with medical needs.
- 7.2 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 7.3 The child's parents and health professionals should provide the information specified above.
- 7.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 7.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 7.6 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.
- 7.7 The school/setting will ensure that there are sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.
- 7.8 Any member of staff who agrees to accept responsibility for administering prescribed

medicines to a child will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

- 7.9 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

8 Record keeping

- 8.1 Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However the school will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 8.2 The school will use Form 2 to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 8.3 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- 8.4 All early years settings **must** keep written records of all medicines administered to children.
- 8.5 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. This school will keep a logbook of medicines given.

9. Safe storage of medicines

- 9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- 9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 9.5 Non-healthcare staff will never transfer medicines from their original containers.
- 9.6 Children will be informed where their own medicines are stored and who holds the key.
- 9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 9.8 Schools may allow children to carry their own inhalers. This school/setting will do so.

- 9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 9.10 A few medicines need to be refrigerated. They will be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
- 9.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

10. Disposal of Medicines

- 10.1 The school will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- 10.2 Parents should also collect medicines held at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.
- 10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

11. Hygiene and Infection Control

- 11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

12. Access to the school/setting's emergency procedures

- 12.1 As part of general risk management processes the school will have arrangements in place for dealing with emergency situations.
- 12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 All staff should know how to call the emergency services.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6 Health professionals are responsible for any decisions on medical treatment when parents are not available.

- 12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.
- 12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.
- 12.10 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

13. Risk assessment and management procedures

This policy will operate within the context of the school/setting's Health and Safety Policy.

- 13.1 The school will ensure that risks to the health of others are properly controlled.
- 13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.3 The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

ANNEX:

FORMS

Form 1: Contacting Emergency Services

Form 2: Instruction and Authorisation to Administer Medication

Form 3: Request for child to carry his/her own medicine

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:

01757 638266

2. Give your location as follows

**Hemingbrough School
School Road
Hemingbrough
Selby**

3. State that the postcode is

YO8 6QS

4. Give exact location in the school/setting

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

INSTRUCTION AND AUTHORISATION FOR ADMINISTRATION OF MEDICATION

School: Hemingbrough CP School

Pupil's Name:

Date of Birth:

Authorisation

I hereby authorise the Headteacher or person authorised by the Headteacher to administer the medication detailed below. Should any changes in the medication be prescribed I will notify the Headteacher immediately.

I understand that the person who administers the medication will not be medically trained and that it is not part of their obligations under their contract of employment.

I confirm that I will be responsible for the provision of the medication in an appropriate container bearing a clear label showing:

- * the name of the medication
- * the name of the patient
- * the dosage
- * specific directions for the administration
- * precautions relating to the medication storage requirements
- * the name of the dispensing pharmacist/doctor
- * the date of the issue and the expiry date

I understand that the Headteacher and school staff will take such care as would a reasonable prudent parent, and I confirm that I will not hold the Governors, the school staff or the Education Authority responsible for any loss, damage or injury resulting from the administration of this medication.

Details of Medication to be Administered in School

Name of Medication	Type (eg tablet, inhaler, etc)	Dose	Time	Possible side effects and Action/ Pre-cautions to be taken	Date treatment due to be completed

Signed:Parent/Guardian

Date:

TO BE COMPLETED BY THE SCHOOL:

Details of Medication Received

Name of Medication	Amount/ Number	Date of issue <u>and</u> Expiry Date (information from container)	Dispensing Pharmacist/ Doctor	Signed	Date	Disposal Date

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Name of Child:

Attach
Photograph

Name/Strength of Medication		Dosage	Route of Administration	Dispensing Pharmacist/ Doctor	Disposal Details
Dose	Date	Time	Administered By	Witnessed By	

FORM 3

Request for child to carry his/her own inhaler

This form must be completed by parent/guardian

Name of school

Hemingbrough CP School

Child's name

Class

Address

Name of medicine

Procedures to be taken in an
emergency

Contact Information

Name

Daytime phone no.

Relationship to child

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

☐

In the event of my child's inhaler being lost / broken / out of date when required I give
permission for him / her to use the school emergency inhaler

☐

Signed _____

Date _____