

Medical Conditions Policy

Appendix



APPENDIX I
Medication Plan for a Pupil with Medical Needs

Name: _____

Date of Birth: _____

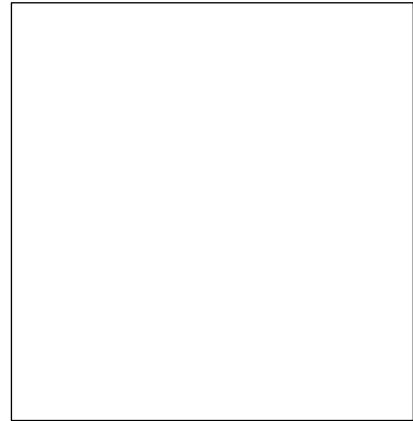
Condition: _____

Form class: _____

Date: _____

Review Date: _____

Name and address of school: _____



Contact Information

Family Contact 1

Name: _____

Phone no. (work): _____ (home): _____

Relationship: _____

Family Contact 2

Name: _____

Phone no. (work): _____ (home): _____

Relationship: _____

Clinic/Hospital Contact

Name: _____

Phone no. _____

GP Surgery: _____

GP Name: _____ Phone no.: _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport/lunchtime)

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

Follow-up care:

Who is responsible in an emergency: (State if different on off-site activities)

Form copied to: _____

FORM AM2

APPENDIX II

Request by Parent for School to Administer Medication



Details of Pupil

Surname: _____

Forename: _____

Address: _____

Date of Birth: _____

Form class: _____

Condition or illness: _____

Medication

Name/Type of medication (as described on the container):

For how long will your child take this medication:

Date dispensed: _____

Full direction for use: _____

Dosage and method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Self-administration: _____

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Phone no. _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: _____

Signature(s): _____

Relationship to pupil:

APPENDIX III

School's Agreement to Administer Medication



I agree that _____ (name of child) will receive _____
_____ (quantity and name of medicine), every day at
_____ (time medicine to be administered e.g. lunchtime / before
PE). _____ (Name of child) will be given/supervised whilst he takes his
medication by _____ (name of member of staff). This arrangement
will continue until _____ (either end date of course of medicine
or until instructed by parents).

Date: _____

Signed: _____

(The Principal/Named Member of Staff)



APPENDIX IV (FORM AM3)

REQUEST FOR PUPIL TO CARRY HIS OWN MEDICATION

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth. ____ / ____ / ____ Class ____

Condition or illness _____

Medication _____

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine

Procedures to be taken in an emergency

Contact Details

Name _____

Phone No (home/mobile) _____ (work) _____

Relationship to child _____

I would like my child to keep his medication on him for use as necessary.

Signed _____ Date _____

Relationship to child _____

Agreement of Principal

I agree that _____ (*name of child*) will be allowed to carry and self administer his medication whilst in school and that this arrangement will continue until _____ (*either end date of course of medication or until instructed by parents*).

Signed _____ Date _____

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his own medication.

FORM AM6

APPENDIX V

Staff training record – administration of medical treatment



Name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Staff signature: _____ Date: _____

Suggested review date: _____

APPENDIX VII

Emergency Planning

Request for an Ambulance:



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

1. School telephone number
2. School name, address and postcode
3. Give exact location in the school (insert brief description)
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the pupil.

