



An Daras Multi Academy Trust

An Daras Trust  
Igniting Curiosity Growing Capabilities

## Princetown School

# Managing Medicines in School Policy -

The An Daras Multi Academy Trust (ADMAT) Company  
An Exempt Charity Limited by Guarantee  
Company Number/08156955

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## **Managing Medicines in School Policy**

**This school is an inclusive community that welcomes and supports pupils with medical conditions and provides all pupils with any medical condition the same opportunities as others at school.**

### **Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

### **AIMS**

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

**In all instances the school will do all it can to persuade the parent to come into school to administer medicines.**

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy.

- We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.
- We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Managing Medicines in Schools and Early Years Settings' (2014)
- We will usually only administer prescribed medication.

### **Children with Special Medical Needs**

- Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents / carers discuss their individual needs and write an Individual Healthcare Plan (IHP) - see **Form A**. We will also involve other outside agencies as appropriate to the needs of the child and family.
- An IHP will be in a medical file in each classroom, in the staffroom and kitchen.
- Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required. Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

### **Procedures**

#### **On Admission**

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months or if their needs change.

#### **Emergency Medication**

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. auto-injector pens, emergency treatment for epilepsy, emergency treatment for diabetes.

#### **Prescribed Medicines**

We do not accept medicines that have been taken out of the container they were originally dispensed nor make changes to dosages on parental instructions. **Form B** to be completed by parents / carers.

When administering medication, for example pain relief, we will check the maximum dosage and when the previous dose was given - parents will be informed that this has been given. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber. Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

**Controlled drugs** should never be administered unless cleared by the Head of School. Reference should be made to the DfES document *Managing Medicines in Schools and Early Years Settings 2005* and 'Supporting Pupils at School with Medical Conditions' (2015).

#### **Non-Prescription Drugs**

Staff should **never** give non-prescribed drugs to a child unless there is specific permission from the parent / carers. Administration of the medicine will be witnessed, and counter signed by a second member of staff.

### **Short Term Medical Needs**

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of up to 5 days, and only when previous avoidance strategies have been examined.

### **Long Term Medical Needs**

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. (Reference should be made to the 2005 DfES document.)

- All children with a medical condition at Princetown have an Individual Healthcare Plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital as an emergency. Parental permission will be sought and recorded in the IHP for sharing this document within emergency care settings.
- Princetown will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at Princetown understand that they should let the school know immediately if their child's needs change.

### **Administration of Prescribed Medication**

- Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to Reception Office.
- On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer (see: [Form C](#)) - (a separate form should be completed for each medication). Completed forms will be kept with medications in the Reception Office.
- The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:
  - The child's name
  - Name of medication
  - Strength of medication
  - How much / when to be given
  - Date dispensed and / or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
  - Length of treatment
  - Any other instructions
- Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.
- A record of the administration of each dose will be kept and signed by Reception Office staff, on the reverse of the Medicine Record Sheet (see: [Form C](#))
- Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified by the parent /carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.
- Should the supply need to be replenished this should be done in person by the parent or carer.
- Princetown will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

- Princetown will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Princetown will make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All Princetown staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- Princetown will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo (Special Educational Needs Co-ordinator – Mrs Bartlett) who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- Princetown makes sure that a risk assessment is carried out before any out-of-school visit or engaging in outdoor environment. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

#### **Alternative Medication**

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

#### **Simple Analgesics (Pain Relief)**

- These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.
- Princetown is aware that girls who have started their periods may suffer from stomach cramps during the school day. To support these pupils, a parental form is available (see: [Form B](#)) to allow the school to administer painkillers sent into school by parents.
- A child under 16 should not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

#### **Refusing Medication**

- If a child refuses medication staff will not force them to take it.
- The refusal will be noted, and parents contacted by telephone.
- In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately, and a member of school staff will accompany the child to hospital to allow parents time to arrive.

#### **Application of Creams and Lotions – see also Intimate Care Policy**

- Non-prescribed creams and lotions may be applied at the discretion of the Head of School in line with this policy but only with written consent from parents and carers.
- Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.
- Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.
- Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their

own creams, but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

#### **Clear guidance about record keeping**

- Parents are asked if their child has any medical conditions on the enrolment form.
- Princetown uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- Princetown has a centralised register of IHPs, and an identified member of staff has the responsibility for this register (Mrs Bartlett – SENDCo).
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- The office holds a medical file with information on the medical needs of the pupils.
- In the staff room is a file with information about pupils with medical needs.
- Princetown makes sure that the pupil's confidentiality is protected.
- Princetown seeks permission from parents before sharing any medical information with any other party.
- Princetown meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- Princetown keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- Princetown makes sure that all staff providing support to a pupil has received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and the Academy keeps an up-to-date record of all training undertaken and by whom.

**A written record of medicines administered will be kept and a copy of consent form (see: [Form B & C](#)) will also be kept with the medicine.**

**Princetown ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- The Academy is committed to providing a physical environment accessible to pupils with medical conditions. This school is also committed to an accessible physical environment for out-of-school activities.
- The Academy makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All Academy staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as

PSHE / SMSC and science lessons to raise awareness of medical conditions to help promote a positive environment.

- The Academy understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- The Academy understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid / take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- The Academy makes sure that pupils have the appropriate medication / equipment / food / drink with them during physical activities.

**Princetown is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

- The Academy is committed to identifying and reducing triggers both at school and on out-of-school visits.
- Academy staff have been given training and written information on medical conditions which includes avoiding / reducing exposure to common triggers. The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- The Academy reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

#### **Offsite Activities and Educational Visits**

- All medicines required by children on such undertakings will be part of the overall risk assessment for the visit.
- For residential visits, if a pupil requires medicines which he / she takes at home only i.e. not during the school day, then a consent form (see: [Form H](#)) must be completed by parents / carers before departure for the medicine to be administered during the residential. This also includes over the counter medication such as for travel sickness.
- The school makes sure that pupils have the appropriate medication / equipment / food / drink with them during physical activity
- Medication is administered by a teacher on a voluntary basis or a member of support staff who is willing to carry out the task and witnessed by a second member of staff. These should be two members of staff willing to accept this responsibility ([Form Ga / Gb](#)) record of medicines administered to be completed.
- The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

#### **Sporting Activities and Off-site Venues**

Given the distance between the school and many off-site sporting / venues it would be advisable to prepare a risk assessment of medical needs of individual children, where



needed, including those who may suffer from an asthma attack. Asthma relievers not self managed should be taken to off-site activities and be supervised by a support member of staff who is willing to accept this responsibility. All staff to be made aware of pupils who have medical needs, i.e. Asthma via their Medical File in class.

### **Self-Management / Request for child to carry his / her medicine Form C**

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Where deemed applicable by staff, a pupil can carry his / her own inhaler when offsite i.e. sporting activities and offsite venues, residential visits and educational visits. This must be returned to the first aider when they come back into school. **Form A** must be completed by parent / carer beforehand.

### **Asthma inhalers**

Mouth pieces to be rinsed to avoid any blockages and expiry dates checked each month by the First Aider. An Asthma file is kept in each class with appropriate Care Plans signed by parents / carers.

- An emergency Salbutamol inhaler is located in the staff room in school. Parents will have signed a consent form to use an emergency inhaler if their child is displaying symptoms of asthma and their inhaler is not available, out of date or is unusable
- A record of using the emergency inhaler is kept in school and parents will be informed by letter
- When a pupil uses their inhaler, a record is recorded to ensure that this prescribed medication is monitored, and a record kept for healthcare professionals to assist reviewing their treatment.
- Parents will indicate on their child's Care Plan if they feel their child is responsible to self-administer their inhaler or will need assistance
- It is the parent's responsibility to ensure their child's inhaler is named and in date

### **Insurance**

All staff are covered by the Academy's 'public liability' insurance. Princetown's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

### **Training**

- All Academy staff understand their duty of care to children and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The Academy understands that all children with the same medical condition will not have the same needs.
- The Academy understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- The Academy understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- The Academy staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- Training needs are reviewed annually according to the needs of our children (see: **Form D**).
- This policy is part of our staff induction programme and is reviewed regularly.
- Training needs are identified for individual staff through annual performance and appraisal meetings and medical needs are discussed in the moving-up sessions with the receiving teacher.



- Training for specific conditions e.g. Epilepsy & Asthma is provided as needed
- All First Aiders in the school will be supported in training to maintain current First Aid Certificates.

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- Princetown works in partnership with all relevant parties including the pupil (where appropriate), parent, academy's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

**The Head of School**

The Head Teacher will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise, they will inform the parents of the policy and its implications for them. In all complex cases the Head of School will liaise with the parents and where parent expectation is deemed unreasonable then they will seek the advice of the school nurse or some such medical advisor.

**Teachers and Support Staff**

**There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.**

Members of staff giving medicines may therefore not be teaching members of staff but support staff who are:

- Willing to perform such tasks
- Trained where necessary for the task
- If in doubt, then do not administer medicines without checking with one of the school's First Aiders who will then contact parent / carer.

All staff are aware of the possible medical risks attached to certain pupils. They are aware of possible emergency action and emergency contacts. Any support member of staff agreeing to administer prescribed medicines will be in receipt of appropriate training. The training shall be commensurate with the situation. Please also refer to our school Allergens Policy.

**Storage and Disposal of Medication**

- All medication (with the exception of any requiring refrigeration) will be kept in the School Reception Office **Children prescribed with an Epi-pen will need to have TWO pens in school – one to be kept with them / in the classroom and the other as a 'back up' to be kept in the School Reception Office.**
- **Epi-pens** should be kept in a clearly labelled box in the classroom; this must travel with the children at all times including PE lessons and off-site visits.
- Parents are responsible for ensuring that Epi-pens they supply to school are 'in date'.
- Medication requiring refrigeration will be stored in the fridge in the staff room inside a plastic closed container clearly labelled MEDICATION. It will not be accessible to pupils.
- Emergency medication will be stored out of the reach of children, in the same room as the child and easily accessible to staff. All members of staff working in the school will be made aware of the location of the emergency medication.
- A regular check of all medicines in school (Reception Office and classrooms) will be made every half term and will be completed by First Aiders. Parents and carers will be asked to collect any medication which is no longer needed or out of date.

**Additional support information for Academy staff:**

- **Asthma medication:** please refer to [Appendix 1 – ‘Responding to Asthma’](#)
- **Epilepsy medication:** please refer to [Appendix 2 – ‘Helping Pupils with Epilepsy’](#)
- **Anaphylaxis:** please refer to [Appendix 3 – ‘Allergic Reactions / Anaphylaxis’](#)

The DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

The Head Teacher will monitor the implementation of this policy and will submit periodic evaluation reports on its effectiveness to the governing body.

Plan approved by the full Local Governing Advisory Board: **Autumn 2019**

This plan will be reviewed every three years by the Local Governing Advisory Board. Next review will be: **Autumn 2022**

Signed..... Head Teacher

Signed..... Chair LGAB

Date.....

## Appendix 1

### Responding to Asthma

#### General

The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK.

Academy staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the school will ensure that they are covered by insurance and will receive any necessary training.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out the Princetown's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

#### Aims

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils and parents know what the system is and the part they have to play

#### Responsibilities

##### The Head of School is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff; and
- Reporting annually to the Local Governing Board on any incidents and the general working of the system.

##### The SENCO / First Aiders are responsible for:

- The management of the system;
- Ensuring that asthma sufferers are known, and records and register kept appropriately;
- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Ordering supplies of the Asthma UK School Asthma Cards;
- Ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms.
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with medical staff as necessary;
- Communicating with teaching and support staff, and parents; and
- Reporting to the Head of School.

**All Staff will:**

- Know which of their pupils is on the medical register – including asthma; (this information will be accessible via SEN classroom folders and the school's SCOMIS.
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in school;
- Ensure that an asthma inhaler is clearly labelled with the child's name and kept in a box in the classroom (this must travel with the children at all times including PE lessons and off-site visits). **However, all children with a respiratory condition such as asthma must have TWO inhalers in school – one to be kept in the classroom / with them at all times and another as a 'back-up' to be kept in the School Reception Office.**
- Make a note to the First Aider when a pupil has had to use the inhaler.

**Parents/Carers of asthma sufferers are responsible for:**

- Completing and returning the Asthma cards to Princetown.
- Ensuring that the inhalers are in date.
- Providing the school with two inhalers, labelled with the pupil's name

**All Pupils will:**

- Be told by teachers about asthma, e.g. PHSE / Science sessions.

**Record Keeping**

- Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually.
- All pupils with asthma will then be sent an Asthma UK School Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to the academy. The School Administrator will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the pupil's medicines, or how much they take, change.
- The names of sufferers will be kept on the school register managed by the SENCO / First Aiders.

**PE and Games**

- Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.
- All staff will know who has asthma from information in the SEN classroom folders and on SCOMIS
- Before each lesson staff will remind pupils, whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.
- The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

**School Environment**

- Princetown will do all it can to make the environment favourable to pupils with asthma.
- There is a rigorous no smoking policy.
- The Academy will as far as possible not use chemicals in the school that are potential triggers for asthma.
- Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

### **Dealing with the Effects of Asthma**

- When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's teacher will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.
- If appropriate the tutor will also talk to the SEN co-ordinator about the pupil's needs.
- In the event of an asthma attack the school will follow the procedure outlined by Asthma UK in its School Asthma Pack.

### **Guidance**

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

- The School Asthma Pack – Asthma UK
- Asthma Awareness for School Staff
- Asthma Resources for Pupils
- Order your free Asthma Attack Card from asthma UK:  
[http://www.asthma.org.uk/order\\_your\\_free\\_asth.html](http://www.asthma.org.uk/order_your_free_asth.html)

### **Monitoring and Review**

- Staff will report incidents of asthma to the SENCO / First Aiders, where a record of incidents will be kept.

## Appendix 2

### HELPING PUPILS WITH EPILEPSY

#### **Contents**

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the School should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy, but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

#### **1. What is epilepsy?**

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK.

Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted.

An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning

#### **2. What causes epilepsy?**

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, or they may have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

### **3. Triggers**

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur.

These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil.

The school will obtain detailed information from parents and health care professionals for individual pupils. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

### **4. Medication**

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures.

Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff. There are some pupils who require medicine three times daily but even then, it is usually taken before the school day, after the school day and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time, or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Pupils who require rectal diazepam will have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil. For further information see the 'Intimate Care Policy'.

### **5. What Princetown should do:**

Most teachers during their careers will have taught pupils with epilepsy in their class. Therefore, all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do.

All individual pupils with epilepsy will have a health care plan that details the specifics of their care. The Head of School & SENCO should ensure that all teachers know what to do if the pupil has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. If a pupil does experience a seizure in school the details should be recorded and communicated



to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height. Concerns about safety should be discussed with the pupil and parents as part of the health care plan

During a seizure it is important to make sure that:

- The pupil is in a safe position;
- The pupil's movements are not restricted; and
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil's head to help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure;
- The pupil has injured him/herself badly;
- They have problems breathing after a seizure;
- A seizure lasts longer than the period set out in the pupil's health care plan;
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan.

This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil's individual health care plan.

## **6. Sporting and off-site activities**

The school has agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports or is on a school activity off-site or outside school hours. Risk assessments need to take place for such events.

Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is.

The majority of pupils with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well being. Any restrictions on a pupil's ability to participate in PE should be recorded in his/her individual health care plan.

The school will encourage pupils with epilepsy to participate in safely managed visits. The school will consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

## **7. Disability and epilepsy**

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools and academies 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 admissions, school trips and school clubs and activities. Academies should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus, pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual pupil is disabled, the Academy must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

## **8. References**

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk) publishes

Epilepsy - A teacher's guide - <http://www.epilepsy.org.uk/info/education/index.html>. This looks at classroom first aid, emergency care, and medication and school and school activities. Further information is available from a freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm)

The National Society for Epilepsy (NSE) <http://www.epilepsysociety.org.uk/> has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)

## Appendix 3

# ALLERGIC REACTIONS / ANAPHYLAXIS

### Contents:

1. What is anaphylaxis?
2. Symptoms
3. Triggers
4. Medication
5. What the School should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

### 1. What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

### 2. Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically, and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

### 3. Triggers

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure).

A pupil would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

#### **4. Medication**

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

Should a severe allergic reaction occur the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

#### **5. What Princetown should do**

Pupils who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal pupils, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils are not made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Many schools and academies have decided that it is necessary to draw up individual protocols for pupils with severe allergies. Princetown (in consultation with the school nurse) and the pupil's doctor will agree such protocols with the parents and pupil. The risks for allergic pupils will be reduced if an individual plan is in place.

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. The school will have procedures known to staff, pupils and parents if and when needed.

The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back.

Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the pupil rather than taking time to collect one from elsewhere.

Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

## **6. Sporting and off-site activities**

Whenever a severely allergic pupil goes out of the school building, even for sports in the school grounds, his/her emergency kit must go too.

A staff member trained to treat allergic symptoms must accompany the pupil. Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the school reinforces this.

Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat.

Adults supervising activities must ensure that suitable medication is always on hand.

## **7. References:**

Managing Medicines in School and Early Years Settings, DfES 2005

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOCEN.Doc>

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Make sure you refer to the updated version amended in November 2007.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. It can be downloaded at <http://www.medicalconditionsatschool.org.uk/>

The Anaphylaxis Campaign website at <http://www.anaphylaxis.org.uk/home.aspx> contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign Allergy in school's website at:

<http://www.anaphylaxis.org.uk/information/schools/information-for-schools.aspx> has specific advice for schools at all levels.

# Princetown Individual Healthcare Plans (IHP)

## Supporting pupils with medical conditions

### Contents

<b>Form A: Individual Healthcare Plan</b>	<b>Page 22 /24</b>
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<b>Form D: Staff training record – administration of medicines</b>	<b>Page 28</b>
<b>Form E: Contacting emergency services</b>	<b>Page 29</b>
<b>Form F: Model letter inviting parents to contribute to individual healthcare plan development</b>	<b>Page 30</b>
<b>Form Ga: Long-term record of medicine administered to an individual child</b>	<b>Page 31</b>
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<b>Form I: Special diet request form</b>	<b>Page 34</b>

# Princetown

## Form A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school/setting immediately, in writing, if there is any change to this information.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

# Princetown

## Form B: parental agreement for setting to administer medicine

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.

Date for review to be initiated by

--

Name of school/setting

--

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

--

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 container as dispensed by the pharmacy**

### Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]
--------------------------

The above information is accurate at the time of writing and I give consent to school / setting staff administering medicine in accordance with the school/setting policy. 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

# Princetown

## Form C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form C

Princetown

# Medicine Record

Child 's Name
Class
Name of Medicine
How much to give (i.e. dose)
When to be given
Any other instructions
Phone number of Parent/Carer or other adult contact
Name of G.P
G.P telephone no.

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and Academy policy.

Signed \_\_\_\_\_ Parent / Carer

Print Name \_\_\_\_\_

Date \_\_\_\_\_



# Princetown

## Form D: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of 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 [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Princetown

### **Form E: contacting emergency services**

**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.**

1. your telephone number
2. your name
3. your location [school address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Princetown

### **Form F: model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent / Carer

#### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely



### Form G

#### PRINCETOWN - RECORD OF MEDICATION GIVEN

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name & strength of medicine: \_\_\_\_\_

Dose & frequency of medicine: \_\_\_\_\_

Date: \_\_\_\_\_

Date										
Time Given										
Dose Given										
Name of member of staff										
Staff initials										

--	--	--	--	--	--	--	--	--	--	--

## Princetown *RESIDENTIAL VISIT*

### STUDENT CONSENT AND EMERGENCY CONTACT FORM

**This form must be completed by Parent/Guardian and signed on both sides**

#### Student Information

Details and Date of Visit: \_\_\_\_\_

Child's Name Address: \_\_\_\_\_

Home Telephone (include code): \_\_\_\_\_

Mobile: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

<b>Water Activities</b> (please tick as appropriate)					
My child is:					
Able to swim 50 metres	<input type="checkbox"/>	Just water confident	<input type="checkbox"/>	Does not wish to participate in water activities	<input type="checkbox"/>

<b>Diet Declaration</b> (please tick as appropriate)					
My child's diet is:					
All foods	<input type="checkbox"/>	No meat/fish	<input type="checkbox"/>	Other (Please give details below)	<input type="checkbox"/>
He / She requires: _____					
Continue overleaf if necessary					

#### Consent (Please tick as appropriate)

I am aware of the nature of the Programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the following:

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

**I consent to my child taking part in all activities organised by the Staff in connection with the Programme.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Form H PRINCETOWN ACADEMY RESIDENTIAL VISIT**



**EMERGENCY CONTACTS AND MEDICAL INFORMATION**  
**The following information will be treated in confidence.**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
If parents/Guardians can be contacted at work, please give the telephone numbers  
Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Emergency Contact Numbers		
Name	Phone	Relationship

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other. \_\_\_\_\_ None

2. Is your child currently taking any medication? E.g. Antibiotics \_\_\_\_\_ None

3. Is there anything else you would wish to bring to the Programme Leaders' attention? E.g. Travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs. \_\_\_\_\_ None

\_\_\_\_\_

Own Doctors Name: \_\_\_\_\_ NHS No: \_\_\_\_\_  
Address: \_\_\_\_\_

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar your child from attending, but we would be grateful if you would discuss this matter with: -

Your Leader in Charge/Principal/Course Co-ordinator: \_\_\_\_\_

**I consent to my child receiving medical treatment in the event of an emergency.**



Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Form I PRINCETOWN Academy Residential Visit  
SPECIAL DIETS REQUEST FORM**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Please specify type of diet requested:

Medical (e.g. Nut/ Gluten Allergy): \_\_\_\_\_

Religious (e.g. Muslim): \_\_\_\_\_

Ethical (e.g. vegetarian = eats no meat or fish): \_\_\_\_\_

Please print specific details. Identify food that the child is / is not allowed to eat.

<i>Non-Suitable Foods</i>	<i>Suitable or Substitute Foods</i>

**DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE-THREATENING FOOD ALLERGY?  
(PLEASE CIRCLE) YES NO**

<b>The following is required for medical diets only and should be copied by the school representative (who signs below) from the pupil's Care Plan. N.B. This is essential to avoid misinterpretation.</b>	
<b>EMERGENCY PROCEDURES FOR USE OF A PRELOADED ADRENALIN INJECTION WHERE IS THE PRELOADED ADRENALIN INJECTION LOCATED?  ADMINISTERED BY WHOM?</b>	<b>Details: (school to complete)</b>
<b>LOCAL ARRANGEMENTS FOR IDENTIFICATION OF CHILD  AGREED AND EMERGENCY PROCEDURE IN PLACE</b>	<b>Details: (school to complete)</b>

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
*Parent/ Carer*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
*School Representative*

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
*Caterer Manager*

Date: \_\_\_\_\_

***This form should be held with the child's individual treatment plan within the SEN Class file***

Please print specific details. Identify food that the child is / is not allowed to eat.