



First Aid Policy (Including Asthma Policy)

The aims of our first aid policy are to: Ensure the health and safety of all staff, pupils and visitors; ensure that staff and governors are aware of their responsibilities with regards to health and safety; provide a framework for responding to an incident and recording and reporting the outcomes.

Date agreed by Governors	November 2022
Signed on behalf of Governors	 <small>Nina Hodges (Jan 5, 2023 14:48 GMT)</small>
Date for next review:	November 2024

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In this policy you will find the following acronyms:

Acronym	Meaning
HSE	Health and Safety Executive
DHT	Deputy Headteacher
SENDCo	Special educational needs and disability coordinator

1. Aims

1.1 The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

2.1 This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- 2.1.1 [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- 2.1.2 [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- 2.1.3 [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- 2.1.4 [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- 2.1.5 [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- 2.1.6 [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Appointed person(s) and first aiders

3.1 The school's appointed person is **Maria Theophilou**. Who is responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate, if assistance is requested from another first aider.
- In the absence of **Maria Theophilou**, the leadership team will direct injured or ill children to another qualified first aider.

3.2 First aiders, are trained and qualified to carry out the role (see section 7) and are responsible for:

Pediatric Trained Staff

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in a first aid slip (Appendix 2) for pupils or a CS2 (Appendix 4) on the same day, of the incident
- Ensuring there is an adequate supply of medical materials in their own first aid kits, and replenishing the contents of these kits;
- Keeping their contact details up to date
- First Aid at work trained staff
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in a first aid slip (Appendix 2) for pupils on the same day, of the incident
- Filling in a CS2 (Appendix 4) for adults on the same day, or as soon as is reasonably practicable, after an incident
- Ensuring there is an adequate supply of medical materials in their own first aid kits, and replenishing the contents of these kits;
-
- Keeping their contact details up to date
-

3.2.1 Our school's current First Aiders (Appendix 1) are listed around the school. Their names will be displayed prominently around the school (staff room and medical room & EYFS building).

3.3 The local authority and governing board

3.3.1 Lewisham Council holds responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing body.

3.3.2 The governing body delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.4 The Headteacher

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

- Ensuring that an appropriate number of first aid trained staff are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

3.5.1 School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the Headteacher/Deputy Headteacher or their manager of any specific health conditions or first aid needs

4. First Aid Procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the office staff (ideally first aider) will contact parents immediately
- The first aider will complete a first aid slip or CS2 on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

4.2.1 When taking pupils off the school premises, staff will ensure they always have the following:

- Access to a mobile phone – obtained from the office
- Information about the specific medical needs of pupils
- Access to parents/carer contact details – electronically via Arbor, or, contact the school
- Any medication as mentioned in pupil records on Arbor
- First aid ruck sack which is kept in the classroom and contains the first aid box

4.2.2 Risk assessments will be completed by the identified class teacher prior to any educational visit that necessitates taking pupils off school premises.

4.2.3 In relation to EYFS trips: there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First aid equipment

5.1 A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Safety pins
- Adhesive tape
- Disposable gloves
- Alcohol free cleansing wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings
- Hand Sanitiser/mask

5.2 **No medication is kept in first aid kits.**

5.3 First aid kits are stored in:

- The medical room
- The school kitchens
- Every classroom
- The premises office

6. Record-keeping and reporting

6.1 **First aid and accident record Pupils**

- An injury on a pupil where first aid has been administered or any injury to the head and face is reportable. This is reported on a first aid slip (Appendix 2). If the injury is of a more serious nature, a CS2 is also completed see 6.1.16
- A first aid slip &/or CS2 will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury and first aid has been administered
- As much detail as possible should be supplied when reporting an accident. See Appendix 3 for guidance.

- The pink copy of the first aid slip should be given to the parents/carers and the white copy should be given to the school office

Adults

- A CS2 must be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident

The CS2 should then be given to the Operations Director

6.1.2 The Operations Director will keep file the white slips for termly analysis.

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

6.1.4 The Operations Director will report these to <https://sharepoint.lewisham.gov.uk/sites/incidentReporting/default.aspx> via a CS3. The London Borough of Lewisham is legally required to report the incident to the Health and Safety executive(HSE) within 10 days.

6.1.5 The Operations Director will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

6.1.6 Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

6.2 Notifying parents

6.2.1 The school will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, This will be via the pink first aid slip and in the event of any head injury or serious injury a phone call &/or message via Arbor will be made

6.3 Reporting to Ofsted and child protection agencies

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

6.3.2 The Headteacher will also notify Lewisham Council of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

7.1 All school staff are able to undertake first aid training if they would like to do so – this ensures John Ball School has an adequate number of first aid trained staff.

7.2 All first aiders must have completed a training course, and must hold a valid certificate of competence to show this.

7.3 The school will keep a register of all trained first aiders, what training they have received and when this is valid until. This is kept centrally by the Operations Director Operations Director.

7.4 The Operations Directors will renew employees first aid training when it is no longer valid.

7.5 In relation to the EYFS department: at all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

8. Links with other policies

8.1 This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

9. Policy for managing asthma

9.1 Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.

9.2 Asthma symptoms include hunched shoulders, coughing, wheezing, nasal flaring, a tight chest, and getting short of breath, inability to talk – but not every child will get all these symptoms.

9.3 Children with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

9.4 The known common triggers of asthma: colds, viral infections, pollen, cigarette smoke, animals and birds, exercise, stress and cold air, dust, dust mites and small air-borne particles.

9.5 All parents are asked to complete a medical form on admission. There is a central register in the Medical Room- this will be reviewed at the end of the transitions between EYFS and Y1 and KS1 and KS2.

10. Managing asthma at John Ball School

10.1 At John Ball School we:

- welcome all pupils with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is an important condition affecting many school children
- recognise that immediate access to inhalers is vital
- ensure that all staff have a clear understanding of what to do in the event of a child having an asthma attack

- ensure that children who have mild asthma symptoms (e.g. wheeziness, dry irritating cough) are encouraged to use their inhalers
- ensure that inhalers are always taken on school **trips, to the swimming pool** etc
- ensure that everyone involved in physical education is aware of the needs of children with asthma
- are aware of the signs of an attack: these can include breathlessness, coughing, wheezing, tightness around the chest and shortness of breath and ensure that, as far as possible, asthma triggers are kept to a minimum
- ensure that other children understand asthma so that they can support their friends
- work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of this asthma policy
- teachers and TAs will monitor the children's use of the pump. **This is recorded on the reverse of the prescribed medication permission form which is available in the pouch with the asthma pump.** If there is excessive use of the pump the classroom staff will notify the **Lead first aider, Maria Theophilou or Maria Valkova in her absence**
- in emergencies and the event of a serious emergency the class teacher will call the main office signifying the need for help (children who are experiencing an attack should not be sent to the medical room); **'pump to child NOT child to pump'**.

11. School Procedures

- 11.1 Up to date records of all children with asthma are kept both centrally and in classrooms, a list of asthmatic children will be kept in the classroom medical bag. LAs will update and check the supply of pumps - spare pumps will be stored in the medical room. **Maria Theophilou and Maria Valkova will maintain a regular audit of all pumps.**
- 11.2 A list of children with medical requirements will be kept in the **medical bag** in each classroom.
- 11.3 **Pumps for all children are kept in their classroom in the medical bag, to enable easy access at all times.** They are encouraged to judge their own symptoms and use medication accordingly.
- 11.4 Access for younger children is adult-supported. 2 puffs may be given, unless otherwise directed. This is done with the aid of a volumizer. TAs and teachers will monitor the use of the pump and should notify the lead First Aider if it is excessive; parents/carers will be informed if this is the case.

11.5 For children in Reception a pump is kept in the classroom as well as centrally in the medical room, to be used when the children are at lunch.

11.6 The severity of asthma will vary from child to child. Also, an individual's condition can vary from day to day. Children are encouraged to use their inhalers for mild symptoms (wheeziness or dry cough). There is little danger if a child accidentally over-doses on medication.

11.7 Each pump will be clearly labelled with the child's name and expiry date.

11.8 In the event of a child suffering an asthma attack:

- A message will be sent to the Office. A First Aider is contacted immediately.
- A child who is experiencing a severe attack will not be sent to collect an inhaler. The inhaler will be brought to the child.
- A child who is experiencing mild asthma symptoms will be accompanied to the medical room, should an inhaler not be available in the classroom.
- The child will be helped with his / her inhaler.
- This should take effect within several minutes.
- The child will be reassured and helped to stay as calm as possible
- The child will be made comfortable; sitting slightly forward is best. They should not lie down. They will be encouraged to take slow deep breaths
- The inhaler may be administered further as necessary- a member of staff will remain with the child at all times during the attack.
- If there is no immediate improvement, continue to give 2 puffs every two minutes ,up to a maximum of 10 puffs.
- If within 10 minutes the child recovers from the attack, they will be allowed to return to class and the incident will be recorded in the accident book and the parent will be notified of the incident.
- If symptoms do not improve, the situation will be treated as an emergency and an ambulance will be called - the office staff will also immediately send for a parent /guardian.
- The inhaler will continue to be administered in the same way up to another 10 puffs until the ambulance arrives.
- The child's breathing will be checked regularly.

- Resuscitation will be given if a child stops breathing.
- Brown inhalers (control) will not be given in school unless there is a written instruction from a doctor.
- Blue inhalers (rescue) will, where possible, be used with spacers.

12. School Clubs

12.1 All additional adults will have the necessary information regarding the children at the club. Sharon Windham, as club administrator, is responsible for this.

13. Parental responsibility

13.1 All medication is provided by the parent. The school does not take responsibility for the provision of any medication.

13.2 It is the responsibility of the parent / guardian of an asthmatic child to ensure that:

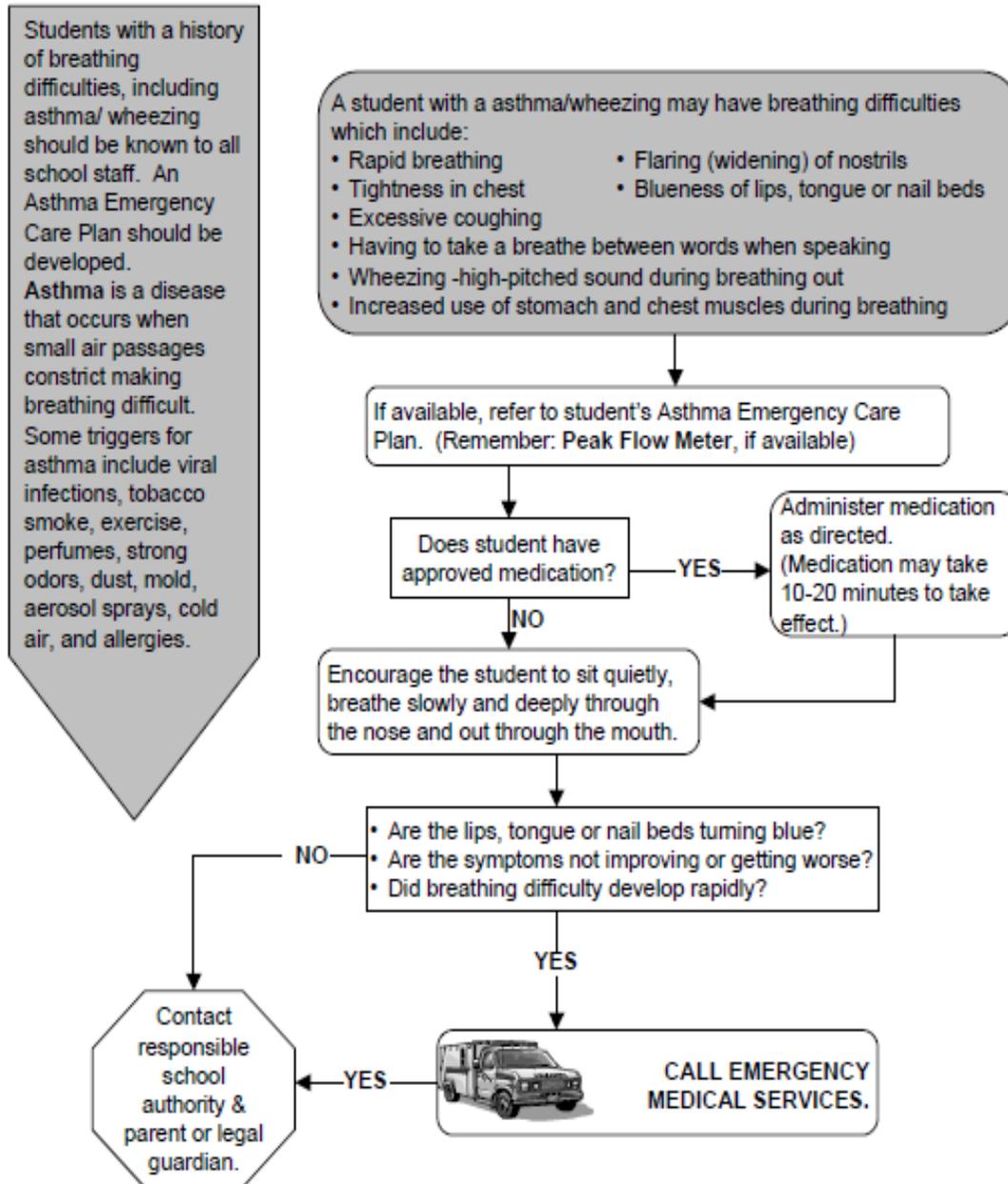
- The school is accurately advised about the child's current condition
- The school is accurately advised about medication and usage
- All medication is clearly labelled with the child's name
- The medication is up to date (and not out of date)
- Suitable contacts are provided for emergencies and kept up to date

Medication should be handed to a member of staff & collected from a member of staff by the parent/carer and not left with the child at any point

The form parents/carers are required to complete is shown in Appendix 5.

14. Asthma flowchart

ASTHMA/WHEEZING OR DIFFICULTY BREATHING



FIRST AIDERS

****This will also act as a poster of First Aiders to display around school****

Name	Date Training Expires	Type of first aid training
Name  Picture		Pediatric or First aid at Work

Name	Date Training Expires	Type of first aid training

Dear Parent/Carer,	 FIRST AID SLIP	Office Copy
Your child _____, in class _____ had an accident in _____ (specify the area)		
today at _____ (insert time) They suffered a:		
<input type="checkbox"/> Bump to the head or face <input type="checkbox"/> Scratch		
<input type="checkbox"/> Bump <input type="checkbox"/> Graze <input type="checkbox"/> Other		
Details: _____		
Treatment received		
<input type="checkbox"/> Cleaning of the wound <input type="checkbox"/> Plaster/Bandage <input type="checkbox"/> Ice Pack <input type="checkbox"/> Other		
For bumped heads: Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:		
<input type="checkbox"/> Blurred Vision <input type="checkbox"/> Drowsiness <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Severe headache <input type="checkbox"/> Confusion <input type="checkbox"/> Slurred speech <input type="checkbox"/> Unresponsiveness <input type="checkbox"/> Clumsy, staggering or dizziness <input type="checkbox"/> Bleeding from ears or nose		
Contact your GP or the nearest Accident & Emergency department if you notice any of the above symptoms		
Completed By: _____ Signature: _____ Date: ____/____/____		
<input type="checkbox"/> Send Home <input type="checkbox"/> Courtesy Call Phone Call Home By: _____ Phone Call To: _____ Time: _____		

Dear Parent/Carer,	 FIRST AID SLIP	Parent/Carer Copy
Your child _____, in class _____ had an accident in _____ (specify the area)		
today at _____ (insert time) They suffered a:		
<input type="checkbox"/> Bump to the head or face <input type="checkbox"/> Scratch		
<input type="checkbox"/> Bump <input type="checkbox"/> Graze <input type="checkbox"/> Other		
Details: _____		
Treatment received		
<input type="checkbox"/> Cleaning of the wound <input type="checkbox"/> Plaster/Bandage <input type="checkbox"/> Ice Pack <input type="checkbox"/> Other		
For bumped heads: Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:		
<input type="checkbox"/> Blurred Vision <input type="checkbox"/> Drowsiness <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Severe headache <input type="checkbox"/> Confusion <input type="checkbox"/> Slurred speech <input type="checkbox"/> Unresponsiveness <input type="checkbox"/> Clumsy, staggering or dizziness <input type="checkbox"/> Bleeding from ears or nose		
Contact your GP or the nearest Accident & Emergency department if you notice any of the above symptoms		
Completed By: _____ Signature: _____ Date: ____/____/____		
<input type="checkbox"/> Send Home <input type="checkbox"/> Courtesy Call Phone Call Home By: _____ Phone Call To: _____ Time: _____		

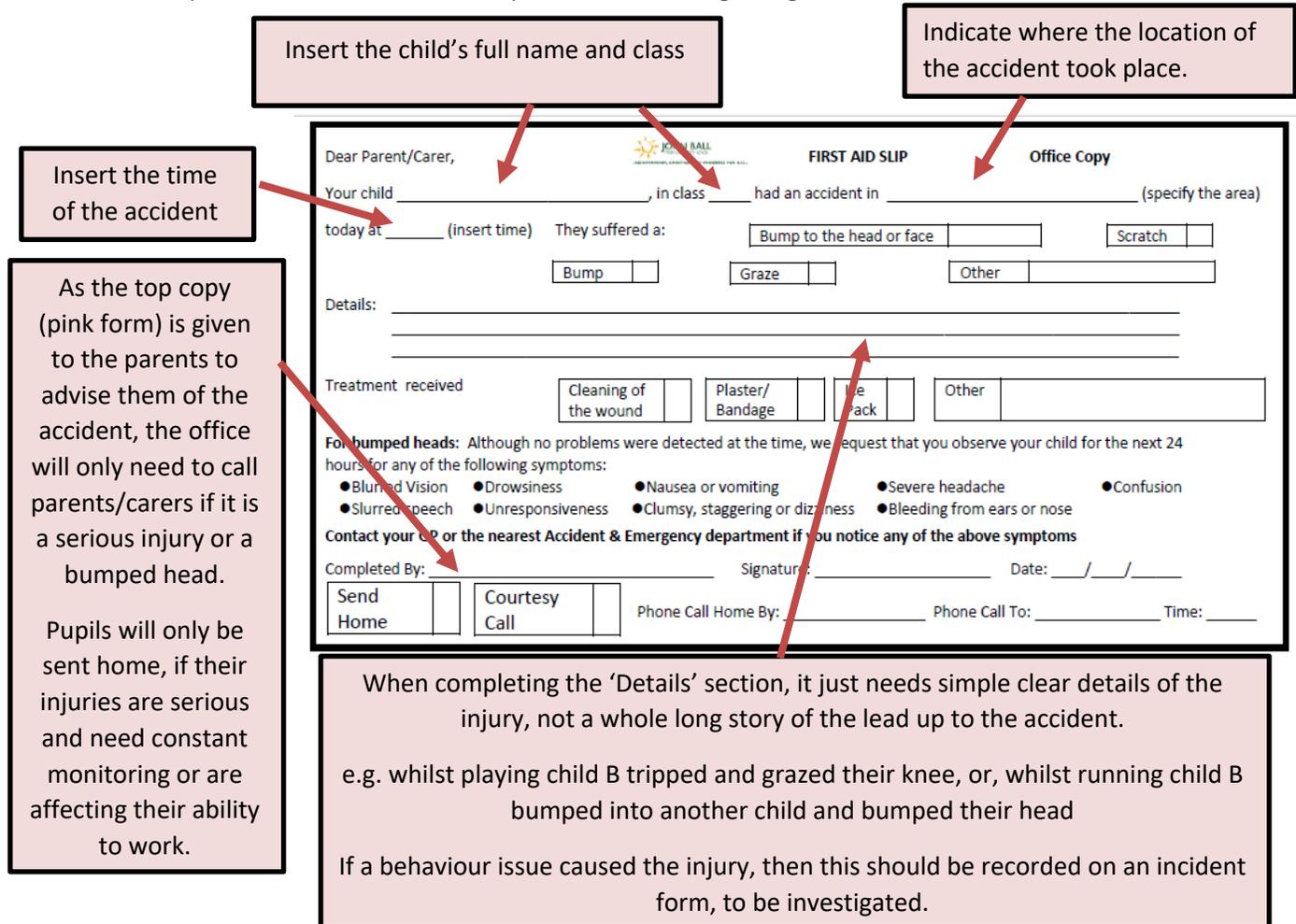
HOW TO COMPLETE THE FIRST AID SLIP

The pad has two forms that are carbonated, this means when you write on the top one, it comes through to the second page. The pad up is made up of the following forms:

Top copy (Pink page) – to be given to the parents/carers by the class teacher, communicating what happened

Bottom copy (Yellow page) – to be given to the office for filing

Please complete the form as much as possible, following the guidelines below:



Insert the child's full name and class

Indicate where the location of the accident took place.

Insert the time of the accident

As the top copy (pink form) is given to the parents to advise them of the accident, the office will only need to call parents/carers if it is a serious injury or a bumped head.

Pupils will only be sent home, if their injuries are serious and need constant monitoring or are affecting their ability to work.

When completing the 'Details' section, it just needs simple clear details of the injury, not a whole long story of the lead up to the accident.

e.g. whilst playing child B tripped and grazed their knee, or, whilst running child B bumped into another child and bumped their head

If a behaviour issue caused the injury, then this should be recorded on an incident form, to be investigated.

The form itself is titled "FIRST AID SLIP" and "Office Copy". It includes fields for "Dear Parent/Carer", "Your child _____, in class _____ had an accident in _____ (specify the area) today at _____ (insert time)". It has checkboxes for "Bump", "Grazing", "Scratch", "Bump to the head or face", "Other". A "Details:" section has lines for writing. "Treatment received" includes checkboxes for "Cleaning of the wound", "Plaster/Bandage", "Ice pack", and "Other". A section for "bumped heads" lists symptoms like "Blurred Vision", "Drowsiness", "Nausea or vomiting", "Severe headache", "Confusion", "Slurred speech", "Unresponsiveness", "Clumsy, staggering or dizziness", "Bleeding from ears or nose". It asks to "Contact your GP or the nearest Accident & Emergency department if you notice any of the above symptoms". At the bottom, it has "Completed By:", "Signature:", "Date:", "Send Home", "Courtesy Call", "Phone Call Home By:", "Phone Call To:", and "Time:".

The first aid slip pad has been made to fit in the first aid waist pouch, so please ensure there is always one in your waist pouch.

A pad must also be kept in the first aid bags in the classrooms, so it is easily accessible to record an incident.

If you have any queries at all on this procedure, please do not hesitate to contact me.

Best Wishes,

Maria Theophilou

Date agreed: November 2022
Next review: November 2024

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CORPORATE HEALTH AND SAFETY TEAM (CS2)

About the Person involved



Full name of the person involved _____

Male Female Date of birth _____
 Employee Contractor Client Pupil Member of the Public

Directorate _____ Employee Number _____

Job Title _____ Service Area _____

Address of incident _____

Place of Work/School _____

Date of Occurrence ____/____/____ Time of Occurrence ____:____:____

Please tick the box indicating the source of injury

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Exposure to or contact with a harmful substance | <input type="checkbox"/> Slip, trip or fall on same level | <input type="checkbox"/> Contact with moving machinery or material being machined | <input type="checkbox"/> Occupational disease or illness | <input type="checkbox"/> An accident involving a vehicle |
| <input type="checkbox"/> Exposure to fire/explosion or hot material | <input type="checkbox"/> Fall from a height | <input type="checkbox"/> Struck by moving, including flying or falling object, person | <input type="checkbox"/> Fight/Assault | <input type="checkbox"/> Repetitive strain or muscular pain, ache ect |
| <input type="checkbox"/> Contact with electricity or an electrical discharge | <input type="checkbox"/> Trapped by something collapsing or | <input type="checkbox"/> Contact with something fixed stationary or sharp | <input type="checkbox"/> Injured whilst handling, lifting or carrying | <input type="checkbox"/> Near Miss |
| | <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> No injuries | <input type="checkbox"/> Verbal Abuse | |

About the Person Reporting

Full name and phone number of the person reporting _____

Name of Line Manager _____

About the incident/accident

Briefly describe what happened

including type of injury ie, broken

bone and part of body injured. Please attach additional information if required

First day absence _____ Last day absence _____ No lost time

First Aid Medical Treatment Over 24 hrs in Hosp. Major Injury Fatality

Was it investigated? Yes No Who investigation _____

Contact Number _____

Classification This classifies if the injury is subject to RIDDOR legislation, and as such must be reported to the Health and Safety Executive. See guidance document <http://www.hse.gov.uk/riddor/index.htm>

Action: To Prevent Reoccurrence

Sign _____ Date ____/____/____

MEDICAL CONDITIONS AND PERMISSION FOR PRESCRIBED MEDICATION

Medicine to be in original container with label as dispensed by pharmacy.

Please return this form to the school office with the prescribed medicine(s).

Name of child:	
Class:	
Date of Birth:	

Medical condition or illness:				
MILD		MODERATE		SEVERE

Symptoms:	
------------------	--

Treatment &/or medication required	
---	--

Name of medication: <i>(as described on the container)</i>			
Expiry Date:	/ /		
Dates to be taken:	Start: / /	End: / /	
Dosage and method:			
Time/s to be given:			
Self-Medication?	YES	NO	
Any special precautions or side effects the school should know about?			
Procedures to take in an emergency:			
Any further information and summary			

NB. Medicines must be in the original container as dispensed by the pharmacy

Parent /Carer name:	
Daytime telephone number:	
Relationship to child:	
Address:	

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

AGREED BY			
Parent/Carer Name		Signature	Date: / /

OFFICE USE ONLY			
Received by		Input on Arbor	Date / /

NB: Staff please ensure any administered medicine is recorded on the back of this form. PTO

