



SOUTH CAVE C of E PRIMARY SCHOOL MEDICAL CONDITIONS POLICY



STATEMENT

South Cave C of E primary school is an inclusive community that welcomes and supports pupils with medical conditions. The school provides all pupils, with any medical condition, the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understands their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

The school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is :
Mrs Allison Worthington

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POLICY FRAMEWORK

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions and is using material provided by the East Riding of Yorkshire Council, in conjunction with the NHS, called 'Medical Conditions in School, Management Resource Pack'. The whole document can be accessed on the School's shared internet resources in the Medical Folder or in hard copy held with the SEND-Co.

1. **The school is an inclusive community that supports and welcomes pupils with medical conditions.** It is welcoming and supportive of pupils with medical conditions. It provides children, with medical conditions, the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

The school will listen to the views of pupils and parents. Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs. Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff understand their duty of care to children and young people and know what to do in the event of

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an emergency.

The whole school and local health community understand and support the medical conditions policy. The school understands that all children with the same medical condition will not have the same needs. The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

3. **The medical conditions policy is supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation.** Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.
4. **All children with a medical condition should have a health care plan (HCP).** An HCP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.
5. **First aid staff understand and are trained in what to do in an emergency for children with medical conditions at this school.** All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. A child's HCP should explain what help they need in an emergency. The HCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the MHP for sharing the HCP within emergency care settings.
6. **All staff understand and are trained in the school's general emergency procedures.** All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.
7. **The school has clear guidance on providing care and support and administering medication at school.** The school understands the importance of medication being taken and care received as detailed in the pupil's MHP.

The school will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

The school will not give medication (prescription or non-prescription) to a child without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. The school will not give a pupil aspirin unless prescribed by a doctor.

The school 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 this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

8. **The school has clear guidance on the storage of medication and equipment at school.** The school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/ equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate. Pupils may carry their own medication/equipment, or they should know exactly where to access it. Controlled drugs are stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

The school 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. The school 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. Parents are asked to collect all medications/ equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

9. **The school has clear guidance about record keeping.** Parents at this school are asked if their child has any medical conditions on the enrolment form. The school uses an HCP to record the support an individual pupil needs around their medical condition. The HCP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services. The school has a centralised register of HCPs, and an identified member of staff has the responsibility for this register. HCPs 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 HCP. Other school staff are made aware of and have access to the HCP for the pupils in their care. The school makes sure that the pupil's confidentiality is protected. This school seeks permission from parents before sharing any medical information with any other party.

The school 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 HCP which accompanies them on the visit. The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

The school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing 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 HCP. 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 school keeps an up-to-date record of all training undertaken and by whom, this is kept in the first aid policy.

10. **The school 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 school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.

The school 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 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 and science lessons to raise awareness of medical conditions to help promote a positive environment.

The school 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 school 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 school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity. The school makes 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 school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The school will not penalise pupils for their attendance if their absences relate to their medical condition. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCo 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.

The school makes sure that a risk assessment is carried out before any out-of-school visits. 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.

11. The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

The HCP 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 school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

12. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

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

13. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy. The school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The school is committed to keeping in touch with a child when they are unable to attend school because of their condition.

14. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year. In evaluating the policy, the school seeks feedback from key stakeholders including school healthcare professionals, school staff, governors and the school employer.

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This information is based on *Medical Conditions at School*
– A Policy Resource Pack from The health conditions in schools alliance

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ADMINISTRATION OF PRESCRIBED MEDICINES POLICY

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/guardians on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child. However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

ROLES AND RESPONSIBILITIES

Under the Disability Discrimination Act (DDA) 1995, schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.

The Headteacher, in consultation with the Governing body, staff, parents/guardians, health professionals and the local authority, is responsible for deciding whether the school or setting can assist a child with medical needs. The Headteacher is responsible for:

- implementing the policy on a daily basis
- ensuring that the procedures are understood and implemented
- ensuring appropriate training is provided
- making sure there is effective communication with parents/guardians, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

It is good practice that staff, including supply staff, should always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care. A list of medical needs must be clearly known and accessible in order to support the child's day to day care.

PARENTS/GUARDIANS

It is the responsibility of parents/guardians to:

- a) inform the school of their child's medical needs
- b) provide any medication to the schools designated area in a container clearly labeled with the following:
 - THE CHILD'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS
- c) collect and dispose of any medicines held in school at the end of each term
- d) ensure that medicines have not passed the expiry date

PUPIL INFORMATION

Parents/guardians should be required to give the following information about their child's long term medical needs and to update it at the start of each school year or update school when changes arise:

- Details of pupil's medical needs
- Allergies
- Name of GP/consultants
- Special requirements e.g. dietary needs, pre-activity precautions. Parents/guardians may be required to provide evidence in this case.
- What to do and who to contact in an emergency
- Cultural and religious views regarding medical care

ADMINISTERING MEDICATION

Staff are not legally required to administer medicines or to supervise a child when taking medicine. Any employee may volunteer to undertake this task but it is not a contractual requirement and appropriate training should be given before an individual takes on a role which may require administering first aid or medication.

All schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Within their Health and Safety Policy it should incorporate managing the administration of medicines and supporting children with complex health needs. For staff following documented procedures, they should be fully covered by their Employers Public Liability Insurance should a parent/guardian complain. Staff should also be aware when a child may need extra attention due to changes to their medical requirements as agreed with parents/ guardians and their care plan altered as necessary. In the likelihood of an emergency arising, all staff should be aware of what action to take and back up cover should be arranged if the staff member normally responsible for the child's care is absent.

It is expected that parents/guardians will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/guardians. A 'Parental agreement for school to administer prescribed medicine' form must be completed. These staff are: Julia Pool, Adrienne Rothwell in the main office or any first aid trained staff.

Over the counter/un-prescribed medication will not be administered by school staff. However, in exceptional circumstances this may be discussed with a senior member of staff who may need clarification from your family GP.

The Headteacher will decide whether any medication will be administered in school/early years setting and following consultation with staff, who will be responsible. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Where appropriate, pupils will be told where their medication is kept.

Any member of staff, on each occasion, giving medicine to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/guardians or doctor
- c) Prescribed dose
- d) Expiry date

Written permission from the parents/guardians will be required for pupils to self-administer medicine(s). A Parental Consent for child to carry and administer his/ her own medicine form must be completed.

SEE Form 7: Parental Consent for child to carry his/her own prescribed medicine

STORAGE

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Where appropriate all medicine will be safely stored appropriate to the access to the child. All medicine will be logged on the school's medical file. Class teachers in Foundation Stage and KS1 will store children's inhalers, which must be labeled with the pupil's name. Pupils in KS2 and above may keep their inhalers with them or in a designated area in the classroom (to be agreed on a 1:1 basis).

RECORDS

Staff will complete and sign a record of medicine administered to an individual child each time medication is given to a child and these will be kept in the administration office. The sheets will record the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration d) Name of medication
- e) Dosage
- f) A note of any side effects

SEE Form 5: Record of long term prescribed medicine administered to an individual child

Form 6: Record of short term prescribed medicines administered to all children

REFUSING MEDICATION

If a child refuses to take their medication, staff will not force them to do so. Parents/guardians will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

TRAINING

Training may be required as part of a pupil's individual care plan specific to the pupil's requirements. This will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The Headteacher will ensure there are trained and named individuals to undertake first aid responsibilities, ensuring training is regularly monitored* and updated. Advice on the treatment of Asthma will be available from either the school nurse or the school first aiders who will also brief all staff with any updates/changes on a yearly basis.

SEE Form 8: Administration of prescribed medicines

HEALTH CARE PLAN

Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school/setting, parents/guardians/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed at least annually.

The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

SEE Form 2: Health care plan

INTIMATE OR INVASIVE TREATMENT

This will only take place at the discretion of the Headteacher and Governors, with written permission from the parents/guardians and only under exceptional circumstances. Two adults, where possible, one of the same gender as the

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child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. Training will be given to members of staff involved where necessary and all such treatment will be recorded.

SCHOOL TRIPS

To ensure that, as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/guardians.

Residential trips and visits off site:

- a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip;
- b) If it is felt that additional supervision is required during activities e.g. swimming, school/setting may request the assistance of the parent/guardian/carer.

INTIMATE CARE POLICY AND GUIDELINES

INTIMATE AND INVASIVE CARE

- Staff who work with young children realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence management as well as more ordinary tasks such as help with washing.
- Staff that provide intimate care to pupils have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at South Cave work in partnership with parents to provide continuity of care to pupils wherever possible.
- Staff deliver a personal safety curriculum, as part of Personal, Social and Health Education, to all pupils as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- South Cave is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. South Cave recognises that there is a need to treat all pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain.

BASIC COMPONENTS OF GOOD PRACTICE

- All pupils who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- As a basic principle, pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can.
- In most cases one pupil will be cared for by one adult unless there is a sound reason for having two adults present. If

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this is the case, the reasons should be clearly documented.

THE PROTECTION OF CHILDREN

- Child Protection Procedures and Multi-Agency Child Protection procedures will be accessible to staff and adhered to.
- Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness, etc, s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, outcomes recorded, and the results of any investigation shared with the child and the parent/carers.
- Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed and the Head Teacher must be informed. If the allegation is about the Head Teacher, then the Chair of Governors should be informed instead.

PRACTICE GUIDELINES

Children have a right to be safe and to be treated with dignity and respect. Intimate care includes washing, and toiletting and changing nappies.

INTIMATE CARE OF CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

- Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after non-disabled children of similar age have developed the skills to do such tasks for themselves.
- Having to depend on someone else to do these things for you may feel embarrassing or humiliating. Anyone involved with a person's intimate care needs to be sensitive to the child's needs and also aware that some care tasks could be open to possible misinterpretation.

DEFINITION OF INTIMATE CARE

Intimate care may mean different things to different people but is usually used to describe any or all of the following activities:

- Washing any part of the body Dressing/undressing
- Changing nappy
- Assisting to use the toilet
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1. TREAT EVERY CHILD AS AN INDIVIDUAL

Don't make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts, etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and/or parents and respect their wishes.

2. INVOLVE THE CHILDREN AS FAR AS POSSIBLE IN THEIR OWN INTIMATE CARE

Try to avoid doing things for a child that she/he can do alone and if the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependent on you, talk with them about what you are doing and give them choices wherever possible.

3. BE RESPONSIVE TO A CHILD'S REACTIONS AND MAKE SURE THAT INTIMATE CARE IS AS CONSISTENT AS POSSIBLE

You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, e.g.:

"Is it OK to do it this way?" "Can you wash there?"

"How does Mummy do this?" "Does that feel comfortable?"

THE FOLLOWING ARE SOME BASIC GUIDELINES TO HELP SAFEGUARD BOTH STAFF AND CHILDREN

- Be familiar with any special names the child uses for body parts.
- Supply staff are not permitted to carry out any personal care for the child, unless the supply staff member has worked sufficient hours in the school to have built up a relationship with the child.
- Supply staff should, whenever possible, give the pupil a choice of who they would like to help them with their intimate care.
- When changing a child's nappy or soiled clothing, the member of staff must always wear protective gloves. Parents/carers must provide a change of clothes.
- For the safety of both staff and child, it is considered totally inadvisable for a male member of staff to be involved in the intimate physical care of a girl of any age. The same limitations may not apply to female staff and boys.

Policy written by A Worthington, to be reviewed September 2020

HEAD LICE SCHOOL LETTER

Dear Parent/Carer

We have had reports of live head lice infestations at school. We are therefore asking you to check your child's hair.

It is vital that every child's head is checked to determine whether or not there are lice present. The method we are advising is wet-combing (detailed below).

Wet Combing Procedure:

- Wash and rinse the hair in the normal way with your regular shampoo.
- Check the water for any lice.
- While the hair is still wet, apply plenty of conditioner and comb through to detangle with a normal comb. Using a fine toothed head lice detector comb (available from the school office or your local pharmacy), slot the teeth of the comb into the hair at the roots so that the comb touches the scalp and draw the comb through to the ends of the strands. At the end of every stroke check the comb for evidence of lice, then wipe and rinse the comb before the next stroke.
- The conditioner lubricates the hair making combing easier and is washed out at the end wet-combing the full head.
- If any lice are found, this routine should be continued every four days for a period of two weeks.
- It is advisable to use this routine on a regular basis e.g. weekly so that any lice present can be detected early.
- If you find live lice please notify your child's classteacher and also check all members of the family using the wet-combing method. Go to your local pharmacy to receive advice and treatment. Pharmacies participating in the East Riding Pharmacy Care Scheme provide free head lice treatment to people registered with an East Riding General Practitioner who have evidence of live lice and who are exempt from NHS prescription charges. You will need to take along NHS numbers or you will be asked permission by the pharmacist to access these numbers confidentially via an electronic health record.
- It is helpful if you also inform anyone with whom your child has had close contact with e.g. Cub's, Brownies, friends, extended family etc.

If you require any further advice or help about the problem of head lice please do not hesitate to contact your school nurse, pharmacist or family doctor.

FORM 2 HEALTH CARE PLAN AND EMERGENCY INFORMATION

THIS TEMPLATE FORM SHOULD BE KEPT BY A TELEPHONE

Name of school		Child's Photo
Name of child		
Group/Class/Form		
Date of birth		
Child's Address		
Medical Diagnosis or condition		
Date		
Review Date		

FAMILY CONTACT INFORMATION

Name and relationship to child	
Telephone - work	
Telephone - home	
Telephone - mobile	

FURTHER CONTACT INFORMATION

Name and relationship to child	
Telephone - work	
Telephone - home	
Telephone - mobile	

CLINIC/HOSPITAL CONTACT/HEALTH CARE PROFESSIONAL

Name	
Telephone number	

GP

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Name	
Telephone number	
Describe medical needs and give details of child's symptoms	

Daily care requirements (eg before sport/at lunchtime)

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

Follow up care

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

Any other information

Form copied to	
Parent/s signature	Date
Headteacher's signature	Date

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FORM 3

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

The school will not give your child their prescribed medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of child	
Group/class/form	
Date of Birth	
Medical diagnosis or condition	

MEDICINE

Name/type of medicine (as described on the container)

WHEN TO BE GIVEN

Dosage	
Any other instructions	
Expiry date of medication	

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

Agreed review date to be initiated by (name of member of staff)	
Special precautions	
Are there any side effects that the school needs to know about?	
Self-administration (Asthma only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedures to take in an emergency	

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Name and telephone number of GP	

CONTACT DETAILS

Contact Name	
Daytime telephone/mobile	
Relationship to child	
Address	
Any other information?	

I give consent for school staff to administer the above mentioned prescribed medication to my child. I understand that I must deliver the medicine personally to (agreed member of staff).

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

I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/guardian signature	Date
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If more than one prescribed medicine is to be given a separate form should be completed for each prescription.

FORM 5

RECORD OF LONG TERM PRESCRIBED MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

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

Quantity and date returned (School's use only)	
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_____ will be given/supervised whilst he/she takes their medication by
_____ (name of member of staff).

This arrangement will continue until the end date of course of medicine/until instructed by parents/guardians.

Parent/guardian signature	Date
Relationship to child	
Staff signature	Date
Role	

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

	Week commencing:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff initials					

Written September 2016, Updated February 2017
 Revised September 2018; to review September 2019
 Revised September 2019, to review September 2020

FORM 7

PARENTAL CONSENT FOR CHILD TO CARRY HIS/HER OWN PRESCRIBED MEDICINE

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff has concerns, they should discuss this request with healthcare professionals

Name of school/setting	
Name of child	
Group/class/form	
Address	
Name and strength of medicine	

Procedures to be taken in an emergency

CONTACT INFORMATION

Name	
Daytime phone no	
Relationship to child	

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

Parent/guardian signature	Date
Relationship to child	

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

FORM 8

**ADMINISTRATION OF
PRESCRIBED MEDICINES**

STAFF TRAINING RECORD

Name of school/setting	
Name of staff member	
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/reviewed
(please state how often).

Trainer's signature	Date
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I confirm that I have received the training detailed above

Staff signature	Date
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