

Blacko
Primary School

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MEDICAL NEEDS POLICY

UPDATED: April 2017

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REVIEW: April 2018

POLICY

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Introduction

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support

Context

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

Blacko Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child.

The school takes advice and guidance from a range of sources, including the School Nurse, based at Yarnspinners Primary Health Care, Nelson, health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Entitlement

Blacko Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with a medical condition

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Blacko Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements both between classes and then schools as children leave will be completed in such a way that Blacko Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals

Procedure

The Governing Body of Blacko Primary School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See Health and Safety and Employment Policies. (policy held by School Head Teacher, Mark Harrison)

Types of Medicines

Prescribed Medicines

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the setting by parents/carers or escorts employed by the Authority. It is the parent's responsibility to inform the school in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication at school, additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the school. 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed. A record will be maintained by school of all medication administered to a child or young person.

Each item of medication must be delivered to the class teacher or school office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the settings use, for instance – inhalers or epi-pens. Items of medication in unlabelled containers will not be accepted by the school and returned to the parent. Blacko Primary School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines should only be taken to school when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the settings 'day'.

Whilst at Blacko Primary School we are open to always supporting parents with the administration of medicines during school hours, it is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the setting's hours. Parents are able to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending the setting and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside the setting's hours. Prescribers consider providing two prescriptions, where appropriate and practicable, for a child or young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents. Medication should never be accepted if it has been repackaged or relabelled by parents.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Legal Framework). Some may be prescribed as medication for use by children and young people.

Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and maintain records in line with Blacko Primary School's record keeping procedures (detailed within this policy).

If a child or young person has been prescribed a controlled drug, they may legally have it in their possession when agreed by both school and parents in written consent. In all other circumstances any prescribed controlled drugs will be stored in safe custody. Children and young people can access them for self-medication if it is agreed that it is appropriate via written consent. Staff at Blacko Primary School will keep controlled drugs in a locked non-portable container and only named staff should have access. Records of all permission forms are kept for audit and safety purposes. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, Blacko Primary School will ensure that it is returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

For this purpose, all administration of controlled drugs is recorded in the same procedures for the administration of all medicines, as detailed within this policy.

Non-Prescription Medicines

At Blacko Primary School we agree to administer non-prescribed medication under the following conditions:

- All feasible effort has been made by the parent to obtain the medicine via prescription first;
- All feasible effort has been made by the parent to manage administration times around school times, *ie, if the dose is to be given three times per day these could be given before school, after school and before bedtime.*
- Written consent is given by the child or young person's parent/carer;
- The child or young person's name is on the medicine container;
- Prescribed dose is clearly stated on the permission form;
- Expiry date is checked;
- Written instructions provided by the parent on the label or container and within the permission form.

Staff at Blacko Primary School will **never** administer non-prescribed medication to a child unless specific prior written permission is given from the parents, see **appendix 3**. Administration of non-prescribed medication is in line with the Employer's Policy – available from the school office. If regular occurrence appears from the administration of non-prescribed medication, Blacko Primary School reserve the right to deny administration until a medical professional's opinion is sought. Staff will then meet with parents to advise referring the matter to the child's GP or seek advice from our school nurse based at Yarnspinners Primary Health Care, Nelson.

All administration of medication will be recorded as detailed within this policy, see **appendix 4**, and records held until the child's 25th birthday, at which point they will be destroyed.

Long-Term Medical Needs

The parent is responsible for supplying Blacko Primary School with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child and young person's condition and medication are known. Blacko Primary School have a specific form for this called the 'Medical Needs Information Form' which can be obtained through the school office or from the child's class teacher.

The information is updated annually at the end of the school year or earlier if medication is altered by the GP or Consultant. Parents are asked to provide updated medical needs forms for our records, where necessary.

At Blacko Primary School we value that it is important to have sufficient information about the medical condition of any child or young person with long-term medical needs. As a school we recognise that if a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a setting. This can include:

- A direct impact: the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering.
- An indirect impact: perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 0-25 September 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice

At Blacko Primary School, we would need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children and young people, involving the parents and relevant health professionals. (Please see details on Health Care Plans within this policy.)

A Child's Health Care Plan (HCP) can include: details of a child or young person's condition, special requirements eg dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency, the role the staff can play.

Appendix 6 shows Blacko Primary School's blank health care plan.

Administering Medicines

Staff Administration

At Blacko Primary School we understand and our accepted practice is that, no child or young person under 16 should be given medicines without their parent's written consent. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional / school nurse.

At Blacko Primary School all staff complete and sign a record each time they give medicine to a child or young person.

See Appendix 4

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Self-Management

At Blacko Primary School we identify that it is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines. These medicines could include – inhalers.

It is advised that older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and children and young people, the appropriate time to make this transition.

If a child or young person can take their medicines themselves, staff may only need to supervise. This must be reported to the school by parents in written consent on their 'Administration of Prescribed Medication Form'. The decision for a child or young person to carry and administer (where appropriate) their own medicines, will be a joint discussion between the parents and school. This discussion will bear in mind the safety of other children and young people and medical advice from the prescriber, in respect of the individual child or young person.

Where children and young people have been prescribed controlled drugs, all staff are aware that these should be kept in safe custody – each class has an agreed area and storage box for this purpose. However, children and young people could access them for self-medication if it is agreed that it is appropriate.

Refusing Medicines

At Blacko Primary School, if a child or young person refuses to take medicine, all staff will not force them to do so, but note this in the records and follow agreed procedures;

- Consult the child's individual health care plan.
- Inform the class teacher
- Record on medical administration record form
- Inform parents immediately
- Inform health care professionals, where appropriate.

If a refusal to take medicines results in an emergency, the setting's emergency procedures should be followed as written down in the child or young person's care plan.

Record Keeping

Parents should tell the Blacko Primary School about the medicines that their child needs to take in writing on the school's 'Administration of Prescribed Medicines Form' (**Appendix 3**) and provide details of any changes to the prescription or the support required. However, at Blacko, staff then make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child or young person;
- Name of medicine;
- Dose;
- Method of administration;
- Time/frequency of administration;
- Expiry date;
- Date of dispensing.

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

At Blacko staff must always complete and maintain records of any medicine administered to children. This includes self-administration. These records are kept within the child's individual class or in the school office for medicines which need to be stored in a fridge. These records are then stored centrally by the school until the child's 25th birthday. Please see **Appendix 4** for our Internal Record of Administration of Medicines.

Educational Visits

At Blacko Primary School we value that it is essential when planning an educational visit, that we demonstrate we have taken all reasonable steps and undertaken reasonable adjustments to try and ensure that the visit is accessible to children and young people with disabilities and/or medical needs.

The school also ensures that when included in an outdoor visit, a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

Lancashire County Council has in place an Educational Visits Policy and Guidelines which was written to comply with Health and Safety at Work law. The document, the accompanying Forms and Appendices, sets out the safety policy for off-site Educational Visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy.

All schools/services have received hard copies of the Policy and Guidelines but the most up to date version is available on the website: <https://lccsecure.lancashire.gov.uk/education/data/edintact/>

The legal responsibilities of Governing Bodies for Voluntary Aided and Foundation Schools are set out in the DfES document 'Health and Safety: Responsibilities and Powers'. For those Voluntary Aided and Foundation Schools that are covered by the LCC's insurance arrangements, the Policy and Guidelines are a mandatory requirement.

In respect of individual cases where there are concerns, Blacko Primary School seeks advice from the technical advisers (details below). However:

- Blacko will discuss the proposed visit and planning process with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment will cover the specific issues of the child or young person. Reasonable adjustments should be made and alternative activities may need to be considered. If it is a Type B visit, the Form 1B (Application to the Authority for Approval) and Form 5 (Risk Assessment) should clearly show that the child(ren) have been fully considered in the planning process and that any necessary reasonable adjustments have been made;
- The staff and volunteers on the visit must be fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs. Staff at Blacko use the relevant planning forms (Form 2A for Type A visits and Form 2B for Type B visits);
- Advice about activities or venues can be obtained from the appropriate technical adviser (Nursery, Primary and Special Schools - 01772 532805)
- Any disputes with parents should be referred to the Legal Adviser for Schools in the County Secretary and Solicitor's Group (01772 533321).

Lancashire County Council is the employer in the following:

- Community schools, community special schools, voluntary controlled schools, maintained nursery schools and short stay schools;
- Integrated Youth Support Service;
- Lancashire Outdoor Education.

If staff are concerned whether they can provide for a child or young person's safety, or the safety of other children and young people on a visit, they should seek parent views and medical advice from the School Health Service or the child or young person's GP. See DfES guidance on planning educational visits.

The National standards for under 8s day care and childminding mean that the registered person must take positive steps to promote safety on outings.

Sporting Activities

At Blacko Primary School we appreciate that most children and young people with medical conditions can participate in physical activities and extra-curricular sport. There is sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child or young person's ability to participate in PE will be recorded in their individual Health Care plan. All adults are made aware of issues of privacy and dignity for children and young people with particular needs.

As a school we recognise that some children and young people may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities will consider whether risk assessments are necessary for some children and young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

Lancashire County Council arranges home to school transport where legally required to do so. It must make sure that children and young people are safe during the journey. Most children and young people with medical needs do not require supervision on school transport, but should provide appropriate trained escorts should they consider it necessary. Guidance should be sought from the child or young person's GP or paediatrician.

Drivers and escorts should know what to do in the case of a medical emergency. They should never administer medication; however, some passenger assistants may have been specially trained to clear tracheotomy tubes. Drivers and passenger assistants should fully understand what procedures and protocols to follow and they should be clear about their roles, responsibilities and liabilities.

Where children and young people have life threatening conditions, specific Health Care Plans should be carried on vehicles. Blacko Primary School will advise the County Council and its transport contractors of particular issues for individual children. Individual transport Health Care Plans will need input from parents and the responsible medical practitioner for the child concerned. The Care Plans should specify the steps to be taken to support the normal care of the child as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some children and young people with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some children and young people are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

Sharing Information with Staff

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom, class 1 cupboard and in the school kitchen. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

In An Emergency

As part of general risk management processes Blacko Primary School has procedures when in case of an emergency and these can be found within the First Aid Policy which is available on request from the school office. All children and young people are made aware of what to do in the event of an emergency, such as telling a member of staff. All staff are aware of how to call the emergency services. Guidance on calling an ambulance is provided in **Appendix 5** which provides an example which staff may wish to use for this purpose.

All staff who have the responsibility for carrying out emergency procedures in the event of need but only a trained first aider can administer emergency care where needed. A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

The village of Blacko have a public defibrillator located in the old telephone box on Gisburn Road, which Blacko Primary School has access to in case of an emergency. All staff received training on how to use the defibrillator and are aware that in case of an emergency they should never leave a child alone or delay calling for an ambulance but request another member of staff to retrieve the defibrillator as per training.

Staff are aware that they should never take children to hospital in their own car; it is safer to call an ambulance. In line with the National standards which require early years settings to ensure that contingency arrangements are in place to cover such emergencies, a child may be taken to the hospital in a member of staff's car provided all means of acquiring emergency service help has been required or it is deemed that awaiting emergency care could delay treatment ie, when the child is close to the hospital location.

At Blacko Primary School, all Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role. In a medical emergency, teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's Paediatric First Aiders will be asked to attend, see **appendix 6**

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.
- Inform parents at the earliest convenience without endangering the care to the child.
- Request support from another member of staff.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital. **See Appendix: 5**

Safety Management

At Blacko Primary School we recognise that all medicines may be harmful to anyone for whom they are not appropriate. Where the school agrees to administer any medicines the school must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Staff are advised to seek advice from the headteacher, health professionals and refer to COSHH when they are unsure.

Storing Medicines

Criteria under the 'National standards for under 8s day care' require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

All medicines will be stored safely in a secure location within the child's classroom. It is the responsibility of the class teacher to ensure that medicines where necessary are stored securely and cannot be accessed by children. Medicines needing refrigeration will be stored in the staffroom fridge and records of these are kept in the school office. Some medicines, when agreed by school and parents via written consent, (inhalers, etc) will be kept in the child's classroom and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the child's classroom. Access to these medicines is restricted to the named persons on the permission form. Epi-pens are kept in secure cupboards out of reach of children in relevant child's teaching areas. In the case of epi-pens all staff have access and are aware of where they are stored.

Staff will record any doses of medicines given in the Medicine Administration Record. Children self-administering asthma inhalers do not need to be recorded.

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Epi-pen – Any trained member of staff can administer an epi-pen in an emergency. If any staff training is required this can be arranged relatively quickly via the school nurse. All inhalers are marked with the child's name. All children with an epi-pen must take them on educational visits, however short in duration.

See Appendix 7, 8 and 9

Some medicines need to be refrigerated and these will be stored in the fridge located in the staffroom. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Local pharmacists can give further advice about storing medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles where necessary. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with either Lancashire County Council's Environmental Services or the PCT; alternative arrangements can also be made with private contractors if necessary. Where parents do not collect medicines and it is not feasible to give them back staff will ensure that they are taken to the dispensing pharmacy.

Hygiene and Infection Control

All staff at Blacko Primary School should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. At Blacko Primary School protective disposable gloves must be worn at all times when dealing with any blood, bodily fluids or spillages. Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.

Any bodily fluids must be disposed of in a sealed yellow biohazard disposal bag and then placed in the bodily fluids biohazard bin located in the staff toilets. Any sharp objects or needles used for medical purposes must be disposed of in the sharps biohazard bin located in the staff toilets.

Developing a Health Care Plan

Purpose of a Health Care Plan

For ease of reading throughout the document the generic term "setting(s)" will be used to describe any of the above provision for Children and Young People.

The lead adult with overall responsibility in such a setting will be referred to the 'Lead Adult'.

Where the term 'Parents' is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child.

The main purpose of an individual Health Care Plan for a child or young person with medical needs is to identify the level of support that is needed. Not all children and young people who have medical needs will require an individual plan; a written agreement with parents may be all that is necessary.

See Appendix 6

An individual Health Care Plan clarifies for staff, parents and the child or young person the help that can be provided. It is important for staff to be guided by the child or young person's GP, paediatrician, or other appropriate health professional. Staff will agree with parents and the appropriate health professional, how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child or young person's particular needs; some would need reviewing more frequently.

Staff will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child or young person.

In addition to input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- The Lead Adult;
- The parent;
- The child or young person (if appropriate);
- Early Years Practitioner, class teacher (primary schools), form tutor, head of year, learning mentors;
- Care assistant or support staff;
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

Early years settings should be aware that parents may provide them with a copy of their Family Service Plan, a feature of the Early Support Family Pack. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual Health Care Plan devised by a health professional and signed by the same professional, the parents and the setting or indeed the record of a child's medicines(s)

Co-ordinating Information When Children Move Settings

Blacko Primary School will ensure the co-ordinating and sharing of information on an individual child or young person with medical needs. Mark Harrison and Kate Richards will decide which member of staff has specific responsibility for this role in each case. This person can be a first contact for parents and staff, and liaise with external agencies.

Staff who may need to deal with an emergency will need to know about a child or young person's medical needs. The Lead Adult should make sure that supply staff know about any medical needs.

When transferring information to a new setting Blacko Primary School will retain a copy on record until the child's 25th birthday, as which point the record will be destroyed. Any transfer of information will be handled confidentially and signature of receipt will be obtained and kept on record until the child's 25th birthday, as which point the record will be destroyed. **Appendix 10**

Staff Training

A Health Care Plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child or young person with medical needs, Blacko Primary School will arrange appropriate training in collaboration with the appropriate health service such as the community paediatrician, school nurse, health visitor, or other appropriately trained health professional. They will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all settings.

Confidentiality

The Lead Adults (Kate Richards and Mark Harrison) and members of staff always treat medical information confidentially. All records kept are kept individually within each child's individual file within the classroom which only staff and individual parents have access to. Medicine administration records are kept in a secure location within the classroom by the class teacher or in the school office for medicines needed to be kept in a fridge. All records are also kept centrally by the school up until the child's 25th birthday at which time they are destroyed.

Complaints

Should parents be unhappy with any aspect of their child's care at Blacko Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Blacko Primary School Complaints Procedure.

The Governing Body

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of policies. All schools should have a policy for medicines. The Governing Body is responsible for ensuring that the school is meeting statutory requirements. The Governors and Headteacher are responsible for the school's policy and approach to meeting students' medical needs and administration of medicines.

Appendix 1: First Aid Trained Staff

Full First Aid at Work Certificate

Name	Job Role	Time Period	Date of Cert	Renew Date	Valid
Helen Scholey	Admin Officer	3 Years	Feb-15	Feb-18	YES
Jan Cormack	Teaching Assistant	3 Years	Feb-15	Feb-18	YES
Edwina Nowland	Teaching Assistant	3 Years	Feb-15	Feb-18	YES
Carolyn Frost	Teaching Assistant	3 Years	Feb-15	Feb-18	YES
Hayley Lord	Teaching Assistant	3 Years	Feb-15	Feb-18	YES
Kerri Davis	Teaching Assistant	3 Years	Feb-15	Feb-18	YES

Full Paediatric First Aid Certificate

Name	Job Role	Time Period	Date of Cert	Renew Date	Valid
Mark Harrison	Head Teacher	3 Years	Sep-14	Sep-17	YES
Kate Richards	Class 2 Teacher	3 Years	Sep-14	Sep-17	YES
Caroline Harris	Admin Officer	3 Years	Sep - 16	Jul - 19	YES
Sean Jackson	Class 1 Teacher	3 Years	Jan-15	Jan-18	YES
Fiona Hatfield	Class 4 Teacher	3 Years	Sep-14	Sep-17	YES
Ann Graham	Teaching Assistant	3 Years	Sep-14	Sep-17	YES

Basic First Aid Certificate

Name	Job Role	Time Period	Date of Cert	Renew Date	Valid
Anne Trayford	Welfare		Feb-16		YES
Tracey Crowther	Kitchen Manager		Feb-16		YES

Staff with No Certificate

Name	Job Role	Time Period	Date of Cert	Renew Date	Valid
Susan Worsley	Class 3 Teacher				NO
Helen Iannaccone	PPA Teacher				NO
Hanna Howard	Welfare / TA				NO
Catherine Dent	Welfare				NO
Joanne Kitchen	Welfare				NO
Paula Catlow	Site Supervisor				NO

Appendix 2 – Record of Medical Need Form

Medical History Form

Child Name: _____

Date of Birth: _____

Parent Names: _____

Address: _____

Family Doctor: _____

Address: _____

The following information is needed to determine whether the school needs to devise an individual Health Care Plan (HCP) for your child, and to handle emergencies. You may use the back of this form if you have any additional information. It is vital to your child’s welfare and safety during the school day that if your child has any health condition which may require medical care to be performed at school, you immediately inform us in writing.

About your Child

Do you have any worries about your child’s behaviour? Yes (please describe) No

Has your child ever worn a hearing aid? Yes (please describe) No

Was your child late in beginning to talk? Yes (please describe) No

Is your child’s speech difficult to understand? Yes (please describe) No

Medical History (Check all which apply) If any apply, please elaborate below

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Frequent stomach aches	<input type="checkbox"/>	Urine or bowel problems
<input type="checkbox"/>	Frequent sore throats	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	Poor appetite
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	Coordination problems
<input type="checkbox"/>	Frequent earaches	<input type="checkbox"/>	Dental problems	<input type="checkbox"/>	Poor sleeping habits
<input type="checkbox"/>	Bleeding problems	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	Physical disability
<input type="checkbox"/>	Vision issues	<input type="checkbox"/>	Hearing Hearing Aid Y / N	<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	Tires easily	<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Seizures or convulsions	<input type="checkbox"/>	Frequent nose bleeds	<input type="checkbox"/>	Other (Please Specify)

Appendix 3 – Record of Permission to Administer Medicine

Parental Agreement for Staff at Blacko Primary School

To Administer Prescribed and Non-Prescribed Medicine

Blacko Primary School will not give your child medicine unless parents complete and sign this form and it is in line with our Medical Needs Policy.

Name of Setting: Blacko Primary School

Name of Child: _____ **Date of Birth:** _____ **Class/Year:** _____

Medical Condition/illness: _____

Dates to be Given: **From:** _____ **Until:** _____

Medicine

Name of Medicine: _____

Date Dispensed: _____

Expiry Date: _____

Dosage and method: _____

Time of administration: _____

Special Precautions: _____

Potential Side Effects: _____

Self Administration: Yes / No *(delete as appropriate)*

Procedures to be taken in case of an emergency: _____

Contact Detail

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

The information provided is, to the best of my knowledge, accurate at the time of writing and I give consent to the staff at Blacko Primary School to administer medicine in accordance with the Medical Needs Policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to school and accept that it is my responsibility as a parent to ensure that the medicine in date, is collected and disposed of correctly in accordance with the Medical Needs Policy when no longer required.

Signature: _____

Date: _____

Relationship to Child: _____

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

Mark Harrison

Head Teacher

Lead Adult

Blacko Primary School

Kate Richards

SEND Co

Lead Adult

Blacko Primary School

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

Your telephone number:

Give your location as follows: (insert setting address):

.....
.....

State that the postcode is:

Give exact location in the setting (insert brief description):

.....
.....

Give your name:

Give name of child and a brief description of child's symptoms:

.....
.....
.....

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

.....

Date:

Signed:

Print Name:

Position:

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

Put a completed copy of this form by the telephone so that it is easily accessible in case of an emergency.

Appendix 6 – Blank Health Care 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

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



Blacko Primary School

HEADTEACHER: MR M R HARRISON

Gisburn Road, Blacko , Nelson, Lancashire, BB9 6LS

Tel:01282 616669

www.blacko.lancsngfl.ac.uk e.mail head@blacko.lancs.sch.uk

Date:

Dear Parent

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 the 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 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. We would be happy for you contact us by email or to speak by phone if this would be helpful.

Yours sincerely

Mark Harrison

Kate Richards

Lead Adult

Lead Adult

Head Teacher

SEND Co



What is Asthma?

Children and young people with asthma have airways which narrow due to a reaction to various triggers. The triggers vary between individuals but the most common ones include grass pollen, animal fur, house dustmites, cold air and viral infections. Exercise and stress can also cause an asthma attack.

Medicine and Control

Advice should be sought from the appropriate health professional such as the GP, community paediatrician, school nurse, health visitor or the asthma nurse. There are two main types of medicines used to treat asthma, relievers, and preventers. Usually relievers will only need to be used during the day.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken immediately to relieve the onset and/or during an asthma attack. They are sometimes taken before exercise.

Preventers (brown, red, orange and purple inhalers, sometimes tablets) are usually used in the morning and/or evening. For young children and some children and young people with disabilities a spacer device (with or without a mask) may be used to dispense the medicine. Children and young people with asthma need to have immediate access to their reliever inhalers when they need them.

Children and young people who are able to use their inhalers themselves should be allowed to carry them with them. If they are too young or immature to take personal responsibility for their inhaler the person acting in loco parentis should ensure that it is stored in a safe but readily accessible place, clearly marked with the child or young person's name. Inhalers should always be available during physical education, sports activities and educational visits. It is important that inhalers prescribed for one child are not used to treat another; medication is only to be used by the person it has been prescribed for.

What to do in an asthma attack:

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring the office and ask for a first aider to come to the pupil. If there is no immediate improvement
- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve. Call 999 or a doctor urgently if:
 - The child or young person's symptoms do not improve in 5–10 minutes.
 - The child or young person is too breathless or exhausted to talk
 - The child or young person's lips are blue.
 - You are in doubt. Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives. It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix 8 – Anaphylaxis Awareness

Symptoms of allergic reactions:

- Ear/Nose/Throat - Symptoms:
- runny or blocked nose,
- itchy nose,
- sneezing,
- painful sinuses,
- headaches,
- post nasal drip,
- loss of sense of smell/taste,
- sore throat/swollen larynx (voice box),
- itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

- watery,
- itchy,
- prickly,
- red,
- swollen eyes.
- Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

- wheezy breathing,
- difficulty in breathing and or coughing (especially at night time).

Digestion – Symptoms:

- swollen lips,
- tongue,
- itchy tongue,
- stomach ache,
- feeling sick,
- vomiting, constipation and or diarrhoea.

Skin - Symptoms:

- Urticaria - wheals or hives-bumpy,
- itchy raised areas and or rashes.
- Eczema -cracked, dry,
- weepy or broken skin.
- Red cheeks.
- Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

- Ring the office and ask for first aider to come to the classroom/location.
- Send a member of staff to the school office to collect 2nd epipen and to ask them to ring for an ambulance and parents.
- If the child is conscious keep them in an upright position to aid breathing.
- If unconscious then place in recovery position.
- If the child is conscious and alert ask them to self-administer their epipen – where appropriate.
- If the child is unconscious, trained member of staff to administer epipen as per training.
- Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.

Appendix 9 – Epilepsy Awareness for School Staff

What is Epilepsy?

Children and young people with epilepsy have repeated seizures sometimes called fits, turns, blackouts and convulsions and can happen to anyone at any time. A seizure is a clinical event in which there is a sudden disturbance of neurological functions, usually in association with an abnormal or excessive neuronal discharge. Epilepsy is a very individual condition and affects male and females equally.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individuals experience.

Partial Seizure Not all seizures involve loss of consciousness. A person may remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles.

Complex Partial Seizure Where consciousness is affected; a child or young person may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

Generalised – Tonic, Clonic Seizure In some cases a child or young person may lose consciousness. Such seizures might start with a person crying out, then the muscles becoming stiff and rigid. The person may fall down. This may be followed by jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some may bite their tongue or cheek and may be incontinent.

After a seizure the child or young person may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some may feel better after a few minutes while others may need to sleep for several hours.

Absence Seizure Another type of seizure involves a loss of consciousness for a few seconds. A person may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Parents and health care professionals should provide information to the setting to be incorporated into the individual health care plan.

Details which should be recorded on the Health Care Plan should include:

- Any factors which might possibly have acted as a trigger to the seizure, for example, visual/auditory stimulation, emotion (anxiety, upset);
- Any unusual 'feelings' reported by the child or young person prior to the seizure;
- Parts of the body demonstrating seizure activity, for example limbs or facial muscles;

Complex partial seizures - Common symptoms:

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Ring the office and ask for a first aider to come to the student **Call 999 for an ambulance if:**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

Tonic-clonic seizures - Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

Appendix 10 – Record of Transfer of Medical Documents to a New Setting

Transfer Form for Medical Needs Records between Educational Establishments

(Please print all information)

Name of Child Date of Birth

Unique reference number (schools only)

Home address

Name of originating establishment

Address of originating establishment

Name of current Lead Adult

Date file exchanged by hand **OR**

Date file posted by special delivery **OR**

Date information received electronically

Name of receiving establishment

Address of receiving establishment

Name of receiving Lead Adult

Date file received by hand **OR**

Date received by recorded delivery **OR**

Date information received electronically

Signature of receiving Lead Adult: Date:

Upon receipt, the receiving setting should

- Sign this form and keep a copy with the child's Medical Need Records
- Ensure the original form is signed and returned to Mrs Kate Richards at Blacko Primary School without delay

Blacko Primary School's will then keep the returned form securely in line with the school's Medical Needs Policy.