



**Date of Review: Sept 2022**

**Review Due: October 2023**

**Approving Body: Estates Committee**

**Date of Approval: 3<sup>rd</sup> October 2022**

# First Aid And Infection Control Policy

**Includes**  
**Early Years Foundation Stage**

**Owner:**

Appointed First Aider/ Bursar

- ✓ Policy required by ISI (inspection use)
- ✓ ISI requirement for publication on website
- ☐ Internal decision to publish on website
- ☐ Internal only
- ✓ Required reading for all staff

## Aim of this document

It is the school policy to provide a healthy and safe environment for staff, pupils and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times.

- It is our intention to ensure that at all times there are sufficient **qualified** first aiders on the premises.
- There is an Appointed First Aider, currently Mrs Lydia Griffin, who has overall responsibility for First Aid. She will:
  - Take charge when someone is injured or becomes ill
  - Looks after the first aid equipment
  - Check and restock all first aid containers each half term including mini buses, hall and sports department
  - Ensures medical help is summoned when appropriate
- There is always at least one member of staff who is appropriately qualified in first aid on each school site when the children are present (see Appendix A). Details of the qualified first aiders are posted in the Medical Room.
- These first aiders are required to have their training updated every 3 years.
- There are first aid boxes throughout the school (see Appendix B) and available for play areas and sports which are maintained by the appointed person. These boxes are checked every half term to ensure that the contents are replenished and a log of these checks is maintained by the Appointed First Aider.
- All accidents/incidents that occur on the school premises involving staff, pupils or persons not employed by the school, however minor and require First Aid treatment must be recorded on the First Aid Treatment record or for more serious head injuries, on the Head Injury Form. Supplies of both are held in the Medical Room. The information on the forms must also be entered on the 3sys database against the child's name. Copies of the forms are to be passed to the Bursar on completion.
- The Bursar will review and if necessary investigate accidents to ensure that there are no trends occurring or dangerous conditions / equipment in order to reduce the probability of a reoccurrence. The Bursar will report all accidents to the Health & Safety Committee each term.
- If a pupil becomes ill the school will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to cooperate with us by not permitting children to attend school if they have any infectious or contagious illness. Children should remain off school for 48 hours following a bout of sickness and/or diarrhoea.
- Any individual (either staff or child) who has head lice should be treated before returning to school.
- Pupils who have specific medical conditions such as diabetes, allergies, or another condition requiring special safety measures and medical treatments have medical emergency cards stored in a box file in the Medical Room. Specific first aid training for diabetes and anaphylaxis is provided for all relevant staff by specialist nurses annually.

## Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident they will receive first aid from a qualified first aider.
- Gloves must be worn at all times when dealing with bodily fluids.
- Clinical waste is disposed of in the clinical waste bin situated in the Medical Room. This bin is emptied monthly by a certified disposal contractor.
- In the Nursery there is a medical bin lined with a yellow plastic sack for the disposal of nappies and materials contaminated with body fluids. At regular intervals the nursery staff change the bin liner and put the used bin into a locked wheeled bin outside. The wheeled bin is emptied regularly by a certified disposal contractor.
- The wound will be cleaned with sterile wipes or a cold compress applied.
- No ointments can be used and no internal medicines given without the permission of the parents.
- If the accident is in the form of a Head Injury, the parents will be contacted automatically and the appropriate Head Injury Form will be completed by the Appointed First Aider. A copy of this form will either be handed directly to the parents or a copy sent home via SchoolPing.
- If hospital attention is needed then the medical team or teacher in charge (if the accident occurs off-site), will make the decision to call an ambulance and/or will take the necessary action to get the pupil/member of staff to hospital and inform parents or next of kin immediately. This will usually mean that the injury requires immediate attention that goes beyond the competence and principles of a first aider. If there is any doubt that hospital may be required, then the principle should be safety first. If another child is involved in the incident and possibly traumatised by the event, the appointed person will contact the child's parents with an update of the injured child.

Serious accidents will always be reported to the Head.

- **RECORDING**

- **Accidents/ injuries** to pupils and adults are recorded on the First Aid Treatment Record form which are kept in the Medical Room or in EYFS. A phone call will be made to parents if the Appointed First Aider deems it necessary and a copy of each First Aid Treatment Record form is sent home to parents via SchoolPing before the end of the school day. Completed forms are retained by the Bursar and reported to the Health & Safety Committee and subsequently the Governors.
- **Head Injuries** - If the accident is in the form of a Head Injury, parents will be contacted automatically and the appropriate Head Injury Form will be completed by the appointed person. A copy of this form will either be handed directly to the parents or a copy sent home via SchoolPing.

- **Sports fixtures and off-site sports** – accident forms and head injury forms are available in the dedicated sports first aid bags. Completed forms are handed to Reception on return to school for logging and advising parents.
- **Trips and visits** – If there is an accident off site, the party leader will arrange for the school to be notified and an accident form will be completed and their behalf and sent to parents

**RIDDOR reporting is required for the following:**

- work related deaths
- specified injuries (including fractures)
- over-seven-day injuries
- work related diseases
- dangerous occurrences or near miss accidents

Reporting is carried out on line by the Bursar.

# Administering Medicines Procedure

## Whole School

### Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings' (DfE 2005); the Head/Bursar is responsible for ensuring all staff understand and follow these procedures.

The appointed first aider/ class teacher or key worker for EYFS is responsible for the correct administration of medication to children for which they are responsible. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the appointed first aider/ class teacher or key worker for EYFS, another member of staff may administer the medicine. Staff who are responsible for administering medicines will be given the appropriate training.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
- A call is made to parents before administering un-prescribed paracetamol (Calpol) to gain verbal consent in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children's prescribed medicines are kept in their original containers, are clearly labelled and are stored in the Medical Room fridge or the medical drawer in the fridge in Nursery which is inaccessible to the children.
- Parents give prior written permission by completing the 'Parents request to administer medication' form. The staff receiving the medication must ask the parent to sign the form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record form to acknowledge the administration of a medicine. The medication record form records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/teacher; and a witness

**The parent must sign the form at the end of the day to confirm that the correct medication has been administered.**

- The appointed first aider/child's key person/teacher is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions which may require immediate attention, medication may be stored in the classrooms in a first aid box which is clearly labelled, out of reach of children but easily accessible to staff. This would include inhalers and Epipens. The key person or teacher must check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- A witness must be present when medication is administered to a child.

- Where children are capable of administering their own medication, for example with asthma, the parent must indicate on the form. However, this does not replace staff vigilance whilst the child is taking the medications or knowing and responding to when a child requires medication.
- Children who have long term medical conditions and who may require on ongoing medication
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Appointed First Aider or EYFS manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

## **Managing medicines on trips and outings**

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name, name of the medication, inside the bag is a Prescribed Medication Record consent form, detailing when medication was prescribed.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed bag clearly labelled with the child's name, name of the medication. Inside the bag is a copy of the Prescribed Medication (see Appendix D) consent form signed by the parent.



# Early Years Foundation Stage

## First Aid Procedure

First Aid equipment and Calpol are kept in Nursery and Reception, with additional first aid kits available in the Medical Room. If any items are becoming low, please contact Lydia Griffin who will see that it is replenished.

### First Aid Procedure

- Following an incident or accident, assess the situation.
- Ensure that the area is safe and that you, the casualty and/or others around you are not in danger. Act to protect them but do not put yourself at risk.
- Attend to the child's needs and offer comfort, change the child's clothes if necessary etc. Should you require assistance, ask a child to get help or another member of staff.
- The First Aider and/or Lydia Griffin will take the appropriate action and give first aid treatment as necessary. A decision will then be made as to whether the child may now stay at school, should go home with their main carer, or requires further medical assistance at hospital.
- Should medical assistance be required parents must be informed immediately. Emergency contact numbers for parents and carers are available on the registration forms, 3SYs or the main school office. These are confirmed at the beginning of each academic year, we ensure any changes are recorded.
- Should an ambulance be required, inform the main school office so that the gates can be unlocked for ambulance access and a member of staff can wait at the school entrance to direct the ambulance to the casualty.
- Any incident or accident and any treatment given should be recorded on the appropriate First Aid Treatment Record form, Head Injuries Form and 'I have hurt my head today' form.
- Once the incident has been dealt with and the casualty looked after, clear the area up, dispose of any used wipes or dressings in the yellow waste bag (from where it can be transferred to the Clinical Waste Bin), restock the first aid kit and care for others who may have been upset or distressed by the incident.

### Recording Accidents

- An accident file is kept in Nursery and Reception.
- Any minor cuts, grazes or bumps requiring minor first aid must be reported to the parent or carer via the First Aid Treatment Form. The member of staff dealing with the incident must ensure that this form is completed. Where any accident/incident that we consider more serious should also be noted, e.g. severe cuts or bumps or any casualty that requires immediate hospital treatment.
- If a child bumps their head, a call will be made to the parents advising them of the accident/incident. If the child does not leave the Foundation Stage then they will be continued to be monitored for response levels. The 'I have bumped my head today' format will be completed (in conjunction with the Head Injury Form) and issued to the parent or carer at the end of the child's day.
- If a child experiences any injury to the head, then the 'I have bumped my head today' format will advise the child's parent or carer, of symptoms to look out for following an injury to the head.

- Staff are advised that when Reception children have an accident during play time, a copy of the First Aid Treatment Record form is to be given to the class teacher. First Aid Treatment Record forms for Reception children can be found in the medical room.
- The First Aid Treatment form is to be handed to Reception for logging on to 3Sys and the form is then held by the Bursar.

## **FIRST AID TRAINED STAFF**

### **Paediatric First Aiders (attended 12 hours training):**

- Katie Beasley
- Laura Pitman
- Emma Sleightholme

### **Whole School**

- Lydia Griffin

### **What goes into a First Aid Box?**

Conforming bandages, 3 of each size

Triangular bandage

Plasters

Alcohol free wipes

Latex free disposable gloves

## **Infection Control Policy for EYFS Staff**

- Gloves must be worn at all times when dealing with bodily fluids.
- Aprons are provided to keep substances away from clothing and should be worn. This includes wearing a clean pair of gloves for each nappy change and washing your hands between each change.
- The changing mat must always be sprayed with anti-bacterial spray provided and wiped with a clean paper towel. Each child has their own nappy and cream supply which is labeled appropriately and staff/students must ensure that only these items are used for the particular child you are changing.
- A supply of clean tissues is provided to wipe children's noses, these should be put in the bin and then hands must be washed afterwards.
- Hand sanitizers are available to both staff and children.

# Infection Control

Sunninghill Prep aims to maintain high standards of health, hygiene & safety, and the co-operation of parents is essential in this. We would ask that all children who are ill be kept away from school until they have fully recovered.

We have trained paediatric first aiders on site in case of accidents. Please ensure your child has the necessary vaccinations & immunisations against childhood diseases at the correct ages.

Your child will not be accepted back into school until they are fit & healthy, periods of exclusion may be necessary.

Infectious diseases will be reported to the consultant in communicable disease control & Ofsted.

**In the case of childhood infectious diseases we ask that you observe these minimum isolation periods (Information taken from Public Health England 2021):**

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen

Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis* / septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from

		their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact public health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

## Appendix A

### Certificated First Aiders

<i>Name</i>	<i>Department</i>	<i>Attended</i>	<i>Course Expires</i>
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<b>2 day Paediatric Course</b>			
Emma Sleightholme	Reception	May 21	May 24
Harmony Neave	Nursery	May 21	May 24
Laura Pitman	Nursery	March 22	March 25
Jo Thorpe	Teacher – booked in	May 23	May 26
Katie Beasley	Nursery (Mat leave)	Jun-19	Nov -25

<b>3 day course</b>			
Lydia Griffin	School Secretary	Nov 21	Nov 24




<b>1 day course</b>			
Sarah Baker	Learning Assistant	Sept 20	Sept 23
Margaret Evans	Teaching	June 22	June 25
Joannie Culshaw	Learning Assistant	Sept 20	Sept 23
Stuart Holland	Learning Assistant	Feb 21	Feb 24
Natasha Johnstone	Teaching	June 21	June 24
Gavin Jones	Bus driver	Sept 20	Sept 23
Karen King	Teaching	Jan 22	Jan 25
Catherine Livesey	Teaching (Mat Leave)	June 21	June 24
Lecca Moss	Teaching	Sept 20	Sept 23
Maurice Read	Bus Driver	Sept 20	Sept 23
Susan Saines	Teaching	Sep-20	Sep-23
Sarah Smith	Teaching	Mar 22	Mar 25
Ian Stazicker	Deputy Head	Mar 22	Mar 25
Liz Stein	Head Gardener	Jun 21	June 24
Jo Telfer	Teaching	June 21	June 24
Jo Thorpe	Teaching	Sept 20	Sept 23
Jeanette Wedge	Receptionist	Feb 20	Feb 23
Ellie Wake-Walker	Teacher	Sept 20	Sept 23
Kevin Willemse	Teaching	Mar 22	Mar 25

### **First Aid Boxes in the School**

Nursery  
Reception  
Form One  
Form Two  
Form Three  
Form Four  
History & RE  
Mathematics  
English  
French  
Geography  
Computer Room  
Science Lab  
The Loft  
Music Room  
Kitchen  
Cleaner's Cupboard  
Staff Room  
Staff Workroom  
Medical Room  
Art  
Sunninghill Community Hall  
Swimming Pool  
Caretaker's Lock Up  
Sports & Trips  
Fledglings/After School Club

## APPENDIX C

### FIRST AID BOX – CONTENTS LIST

CONTENTS	Kit size/type					
	Small 1-24 	Medium 25 – 100 	Large 100+ 	Sport	Personal issue/ Bum- bags	Vehicle
Assorted Plasters	40	60	100	40	10	20
Conforming Bandage	1	2	2	2	0	0
Medium dressing	2	4	6	3	1	1
Large dressing	2	3	4	2	0	0
Adherent dressing	4	6	8	4	0	1
Triangular bandage	2	3	4	3	1	1
Eye pad	2	3	4	3	0	0
Cleansing wipes	10	30	30	30	5	10
Tape	1	2	3	1	0	0
Gloves (pairs)	6	9	12	9	3	4
Finger dressing	2	3	4	3	0	0
Resus face shield	1	1	2	1	1	1
Foil blanket	1	2	3	2	0	1
Burn dressing	1	1	2	0	0	1
Shears	1	1	1	1	0	1
Clinical waste bag (yellow)	1	1	2	1	0	1

**The following departments should have ‘Medium’ kits as a minimum:**

- Science
- DT
- Art
- Grounds/Estates
- Sport

Catering environments should ensure that the contents are suitable for these locations. Such contents should include blue plasters and additional burns treatment where needed.



## Appendix D

### Prescribed Medication Record

<b>Childs Full Name:</b>	<b>Time(s) at which the medication is to be administered:</b>
<b>Doctors Name:</b>	<b>Circumstances in which medication is to be administered (if for emergency use):</b>
<b>Named Medication:</b> <b>Expiry Date:</b>	<b>Has a risk assessment been completed?</b> <b>YES / N/A</b>
<b>Dosage:</b>	<b>I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer it.</b> <b>Parents/Carers Signature:</b>  <b>Date:</b>
<b>Method of administration:</b>	

Date and Time	Dosage administered	Signature of staff administering the dosage	Witness signature
	1:		
	2:		
	3:		
	4:		

**Parents/Carers Signature (to sign at the end of the school day):**

Date and Time	Dosage administered	Signature of staff administering the dosage	Witness signature
	1:		
	2:		
	3:		
	4:		

**Parents/Carers Signature (to sign at the end of the school day):**

Use and attach a continuation sheet if necessary

**Prescribed Medication record continuation sheet**

<b>Date and Time</b>	<b>Dosage administered</b>	<b>Signature of staff administering the dosage</b>	<b>Witness signature</b>
	<b>1:</b>		
	<b>2:</b>		
	<b>3:</b>		
	<b>4:</b>		

**Parents/Carers Signature (to sign at the end of the school day):**

<b>Date and Time</b>	<b>Dosage administered</b>	<b>Signature of staff administering the dosage</b>	<b>Witness signature</b>
	<b>1:</b>		
	<b>2:</b>		
	<b>3:</b>		
	<b>4:</b>		

**Parents/Carers Signature (to sign at the end of the school day):**

<b>Date and Time</b>	<b>Dosage administered</b>	<b>Signature of staff administering the dosage</b>	<b>Witness signature</b>
	<b>1:</b>		
	<b>2:</b>		
	<b>3:</b>		
	<b>4:</b>		

**Parents/Carers Signature (to sign at the end of the school day):**

## APPENDIX E

### **PARENT'S REQUEST TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and only trained school staff can administer the medicine

#### **1. Details of Pupil**

Surname \_\_\_\_\_ Forename: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ M ☐ F

Form \_\_\_\_\_

Condition or illness

\_\_\_\_\_  
\_\_\_\_\_

#### **2. Medication**

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

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

#### **3. Direction for storage of the medication:**

\_\_\_\_\_

#### **4. Full directions for use:**

Dosage and method

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NB Dosage can only be changed on a Doctor's instructions

## 5. Timing

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## 6. Special precautions

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Are there any side effects that the school needs to know about?

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## 7. Self-Administration

Is the child authorised by the parent to administer their own medicine?

Yes/ No (delete as appropriate)

## 8. Procedures to take in an Emergency

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## 9. Contact Details

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_  
Relationship to pupil

Address \_\_\_\_\_

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I have delivered the medicine to \_\_\_\_\_

and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Agreement of Head/Bursar/Deputy Head**

I confirm that \_\_\_\_\_ (name of child)  
will receive the quantity and name of medicine as requested above by parents.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_