

Administering Medicine Policy

Roger Ascham Primary School



Approved by: Board of Governors **Date:** September 2019

Last reviewed on: September 2023

Next review due by: September 2025

Date- September 2023

MEDICAL CONDITIONS AND MEDICATION IN SCHOOL POLICY

At Roger Ascham Primary School, we recognise that:

1.1 Section 100 of the Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements to support pupils at their school with medical conditions. A child's mental and physical health should be properly supported in school so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

1.2 The Department for Education has issued statutory Guidance and non-statutory advice on Supporting pupils at school with medical conditions. The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to the statutory guidance in this document. This means that they must take account of the guidance carefully consider and comply with it unless there is a good reason not to.

1.3 Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs including managing prescribed medication.

1.4 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

1.5 The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.

1.6 The Headteacher is responsible for developing detailed procedures and ensuring that the staff adhere to them.

These procedures should be outlined to the parents in either the school prospectus or other information parents receive so they know what happens if their child needs medication at school.

1.7 The school will ensure that that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 1999 (COSHH).

1.8 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, the governing body complies with duties under that Act. Some children may also present with special educational needs (SEN). In this instance the school complies with the requirements as outlined in the SEND Code of Practice 2014.

1.9 Admission to school is allocated by Waltham Forest Council. No child with a medical

condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and is accessible to parents/carers and staff via the school website. A hard copy is available on request.

2 POLICY & PROCEDURES FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

2.1 The Head Teacher accepts responsibility for school staff giving or supervising children taking prescribed medication whilst at school. *There is no legal duty that requires school staff to administer medication; this is a voluntary role.* Each request needs to be considered on its merits having regard to the best interests of the pupil but also the implications for the school staff. Whether agreeing or refusing to administer medicines in school, the Head Teacher's decision will be defensible if it is clear that s/he has acted reasonably. **To support the headteacher in making such decisions consistently, the school's governing body have decided that only medicines prescribed by a doctor should be administered in school.**

2.2 Procedures to be followed when Notification is Received that a Pupil has a Medical Condition

It is the responsibility of parents/carers to inform the school about their child's medical condition. Parents/carers must provide the school with sufficient information about the condition and the support and care which will be required at school. It is expected that parents/carers will update the school if the condition or care requirements change.

Following notification, the school will discuss the information provided in greater detail with parents/carers. If necessary, the school will seek advice from healthcare professionals to support the development of a healthcare plan. It is very important that the school and parents work in partnership in an open and transparent manner so that the child's needs can be most effectively met. Provision will be determined following these consultations. In the case of a new admission, every effort will be made to ensure provision is in place before the pupil begins at the school. In the case of a new diagnosis, the school will ensure that arrangements are made as soon as possible. The school does not always need to wait for a formal medical diagnosis before making arrangements to support presenting needs. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This will normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Overview-

- Circumstances (if any) when children may take non prescribed medication;
- Help for pupils with long term medical needs;
- The need for written agreement from parents/guardian for administration of any medication;
 - Where pupils have chronic conditions the need for the school to have information about these so that a care plan can be considered;
- Policy on the pupils carrying and taking medication themselves;
- Staff training in dealing with medical needs;
- Record keeping;
- Storage and access to medication.

3 Short term medical needs

3.1 Some pupils who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent. Where feasible, medication should be taken before or after school. The following points must be followed:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

4 Medication

4.1 Non-prescription medication

Non-prescription medicines will not be administered in school by any member of school staff.

Non-prescription medicine will only be administered by school staff under the following circumstances:

To prevent travel sickness on an educational visit;

On a residential school journey where a responsible member of staff will administer non-prescribed medicines in the absence of a child's parent and only when:

- A parent/carer has given their written permission, including confirmation that the child has safely taken the medicine before, and clear instructions regarding the dosage needed, as well as the duration (no longer than 3 days);
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose was taken so that the stated dose is not exceeded. Parents' written instructions can only be followed if they correspond with printed instructions specified on the product's original container;

In the above circumstances, if administering non-prescribed medicines, staff act 'in loco parentis'. They will be guided by parents' written instructions but cannot guarantee to follow them.

- Staff will not give any medication to pupils under 16 without the parent's consent;
- A child under 16 will never be given Aspirin, unless prescribed by a doctor;
 - The pupil should be supervised whilst taking medicine to ensure that it is swallowed and not accumulated;
 - A written record (appendix 4) of the dates and times of each administration will be made.

4.2 Prescription medication

The following points refer to our policy on prescription medication:

- All prescription medication must be **presented in its original container with the original prescription label showing the child's name, date of issue, dosage recommendations and expiry date;**
- Prescription medication will only be given to the child after receiving consent from their parent/carer;
- Dosage must always be in accordance with the instructions specified on the prescription and enquiries made as to when any previous dose was taken so that the

stated dose is not exceeded;

- The pupil should be supervised whilst taking tablets to ensure that they are swallowed and not accumulated;
- A written record (appendix 4) of the dates and times of each administration will be made and returned to the parent each day.

5 Long term medical needs

5. 1 Long term medical conditions need to be properly managed to allow maximum attendance and participation at school by the pupil. An individual 'Healthcare Plan' (see appendix 2) can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. The school needs concise but detailed information about a pupil's medical needs from their parent in conjunction with the child's doctor.

5.2 This information should be updated, as needed. It is the responsibility of the parents to inform the school if there are any changes to the child's medical condition or medication.

Does a pupil need to have a recognisable medical condition in order to receive support?

Schools do not have to wait for a formal diagnosis by a medical practitioner before providing support to pupils. If the condition is unclear then the headteacher will have to make a judgement about what support to provide to the pupil based on the medical evidence available at the time that the school is made aware of an issue. In exercising this judgement the head teacher must not ignore the views of the child or their parents or ignore medical evidence or opinion; however the headteacher can challenge the evidence if appropriate.

What happens if a pupil is absent from school due to their medical condition?

Pupils should not be penalised if their absence from school is related to their medical condition, such as attending hospital appointments. In order to avoid being fined for non-attendance parents must obtain permission from the school in advance of the appointment so that the absence can be treated as authorised. An absence can also be authorised if the child is too ill to attend school and the school is notified of that as soon as possible.

If the pupil's absence is expected to be for more than 15 days then the local authority is under a duty of care to ensure that the child receives as normal an education as possible while he or she is absent.

How can a child's needs be supported during day trips, residential visits and sporting activities?

It is unacceptable practice for schools to prevent children from participating, or create unnecessary barriers to children participating in, any aspect of school life including school trips. This means that a school cannot, for example, require parents to accompany the child on out of school activities. There is a presumption in favour of pupils participating in out of school activities and sports unless there is express medical evidence advising against it.

Teachers should be aware of how a child's medical condition will impact on their participation in the activity. The ideal way to achieve this is to carry out an ESRA risk assessment prior to the activity in consultation with the pupil, their parents and any other relevant healthcare professionals.

The Health and Safety Executive recommend the following points to schools:

- If appropriate parents should be told information about the planned activities. This should explain what the precautions are and why they are necessary, putting sensible precautions in place, and making sure that these work in practice.
- Staff should know when and how to apply contingency plans where they are necessary.
- Heeding advice and warnings from others, for example those with local knowledge or specialist expertise (especially for higher-risk activities).

6 Record Keeping

6.1 No pupil will be administered medication without the parent/guardian's written consent. Parents should complete a request form, in the school office, if medication is needed to be administered whilst at school. An administration of medicines record (appendix 4) will be kept for each child, with all medication to ensure that staff have followed all procedures.

6.2 The governing body should ensure that written records are kept of all medicines administered to children.

6.3 Records offer protection to staff and children, and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

6.4 A signed and timed record of administered medicines will be sent home with the child every day.

7 Self Management

7.1 It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and children will be encouraged to do this provided the safety of other pupils is not compromised. Children will be supervised to take medication by a designated adult, whilst still maintaining their independence.

7.2 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. A record should be kept of any doses used and the amount of the controlled drug held.

8 Refusing medication

8.1 No pupil will be forced to take medication. The school will inform the child's parents/carers as a matter of urgency of any refusal.

9 Dealing with Medications Safely

9.1 Medication that has to be stored at school and must be stored securely, and some medication may need to be refrigerated. Children who have access to their Inhalers/Epipen at home, and are competent at administering their own medication, should be allowed to carry their Inhaler/Epipen around with them at school.

9.2 Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

9.3 If diabetic pupils have to test sugar levels during the day by using a lancet and blood stick then a 'sharps box' should be provided for safe disposal of these items. Parents are responsible for supplying medication in the smallest practicable amount in the original packaging in which it was prescribed, clearly labelled with the pupil's name, contents, dosage and date. Parents must inform the school of any changes in medication, such as change of dosage or if that medication has been stopped. Parents should collect medication that is no longer needed or date- expired medication, as it is their responsibility to dispose of it.

10 EMERGENCIES

10.1 Emergencies (whatever the cause) should always be treated as such. If a pupil develops an anaphylactic shock, severe breathing difficulties, severe bleeding or becomes unconscious, call an Ambulance on 999 immediately regardless of any other first aid action that is being taken. These are all potentially life threatening conditions (see guidance in appendix 5).

10.2 All staff should know how to call the emergency services, who are the qualified first aiders and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation (see

appendix ***First Aid Procedures***).

11 Anaphylactic Shock

11.1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

11.2 Pupils who have been diagnosed are likely to carry prescription medication, which may include an adrenaline injection to be given via an “Epipen”. The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. An individual care plan will be worked out and for as many staff to be trained in the necessary emergency procedures.

12 Asthma

12.1 Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness. With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

12.2 The asthmatic child at school

On admission, the parent should tell the school that the child has asthma and complete a medical form. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

12.3 Inhalers

Inhalers are a regular form of medication for asthma and are either:

- Relievers (blue) or
- Preventers (commonly brown)

12.3a Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

12.3b Relievers should be available immediately and should always be accessible during exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be stored in the class medical box. Note- Relievers should cause no harm if taken by a non asthmatic but children need their own personal inhalers at all times.

12.4 Procedure for dealing with an asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage (6-8 puffs)
5. Wait six minutes, if symptoms disappear the pupil can continue as normal. If symptoms persist then try giving:

- a further dosage of reliever
- Another six puffs of reliever through a spacer.

If the child's situation hasn't improved, repeat the steps above and consider calling parent/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child does not have a reliever in school, you can use an emergency inhaler which are stored in the 'Emergency Asthma Medication Boxes', which are stored in the infant and junior staff rooms..

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (eg > 30 breaths per minute)

Whilst waiting for an ambulance:

- Seek advice from the call handler and continue giving inhaler (6--10 puffs) or as recommended.

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both.

There are two main types of diabetes:

- **Type 1 Diabetes** develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.
- **Type 2 Diabetes** is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes- Children with Type 1 diabetes manage their condition by the following:- Regular monitoring of their blood glucose levels Insulin injections or use of insulin pump Eating a healthy diet Exercise The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

Insulin Therapy- Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens- The insulin pen should be kept a room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times. Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps- Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Healthcare Plan

should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes- Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Administration of Insulin injections- If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

14 Unacceptable practice

14.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual care plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

15 When might an individual healthcare plan be appropriate?

15.1 Individual Healthcare Plans are written by the SENDCo and Safeguarding Lead. However, it is the responsibility of all members of staff to support individual pupils and ensure that their plan is followed. The class teacher and those working with the pupil regularly hold responsibility for ensuring that their medical plans are implemented on a daily basis.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or when there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent should agree based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

15.2 Individual healthcare plans provide clarity about what needs to be done, when and by whom to support a child's medical condition. An individual healthcare plan might be appropriate if a medical condition:

- is long-term and complex
- fluctuates
- is a recurring condition or
- there is a high risk that emergency intervention will be required.

14.3 Based on medical evidence and consultation with the parents and health care professionals a decision should be taken on whether a healthcare plan is a proportionate response to the child's medical condition. The school head teacher takes the final decision as to whether an individual healthcare plan is suitable. An example of a condition that usually requires an individual healthcare plan is diabetes. If a decision is taken to go ahead with an individual healthcare plan then those individuals who were consulted about whether it was appropriate would be invited to assist in drafting its contents. The individual healthcare plan must be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

What should an individual healthcare plan include?

The individual healthcare plan should include the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- Precisely what help the child needs to manage their condition; what they can do themselves and what they need from another (including supervision).
- Who in the school needs to be aware of the child's condition and which staff will be available to provide support to the child. It should also set out the level of training and proficiency required of the staff member.

- The written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil.
- Any specific support needed around the child's educational, emotional and social needs, e.g. management of absences, support for catching up with lessons or any counselling arrangements.
- What to do in an emergency situation, including whom to contact.
- The pupil's practical medical requirements including managing their surroundings where it affects them e.g. noisy rooms.
- What plans need to be put in place for exams (if appropriate), school trips (including overnight) or other school activities outside of the normal school timetable.
- If a child has special needs and has an Education Health and Care plan the individual healthcare plan should be linked to or become part of that plan.
- If a child has special needs but does not have an Education Health and Care plan, their special educational needs should be mentioned in the individual healthcare plan.
- How to manage queries about confidentiality and which individuals those rules can be breached in favour of.
- The date the individual healthcare plan is to be reviewed (at least annually), who can alter the plan, which parts can be altered, and the process for reviewing the plan.

Monitoring and Review

The policy will be formally reviewed and updated every three years unless Statutory Guidance changes and necessitates an earlier review.



Appendix 1

FIRST AID PROCEDURES

FOR THE SCHOOL DAY, SPORTS SESSIONS AND
BEFORE & AFTER SCHOOL CLUBS

1. If a child is injured, administer First Aid if necessary.
2. In the event of a major injury, always stay with the child and do not move them. Send for a Qualified First Aider immediately and inform the office.
3. For all minor injuries you can ask a Qualified First Aider for a second opinion and advice, especially for head injuries, possible broken bones or large cuts/grazes.

Qualified first aiders are:

Mrs Ali

Mrs Bain

Mr Desoer

Ms Scott

Mrs Johnson

Ms William

Mrs Oyak

4. If using an ice pack the child must remain seated with you. They should not be walking around with an ice pack.
5. **Always record any injury that has required you to administer first aid in the ACCIDENT BOOK.**

Ensure the duplicate sheet is ready.

Child's full name: (a class list is available if unsure of spelling)

Class:

Time:

Place of injury: not just playground – locality e.g. junior playground climbing frame

What you did:

How the accident occurred: do not name other children please

6. White/top copy must be given to the class teacher to go home with the child. Teacher to communicate with parent if possible.
7. If a child needs to go home, please ring the office first. **Do not** take the child to the office, unless asked to do so.
8. **You must inform the class teacher if the child is sent home at playtime or lunchtime.**

Appendix 2-



Dear Parent/carer,

Thank you for informing us of your child's medical condition. We now need to decide whether your child needs an individual healthcare plan. The intention of this plan is to set out what support each pupil needs and how this will be provided.

Date- September 2023

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.

Please fill in the attached ‘Healthcare Plan Information’ form and return to school as soon as possible. If you have any relevant supporting documents, or contacts in regard to your child’s medical care, please attach this to the information form.

Yours sincerely,

L Alexander
Special Educational Needs and Disability Coordinator

Appendix 3

Healthcare Plan Information

Name of school/setting	
Child’s name	
Group/class/form	
Date of birth	
Child’s address	

Medical diagnosis or condition

Date

Family Contact Information

Name/s

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Hospital/clinic

Phone no.

Email address-

G.P.

Name

Phone no.

Email address-

|

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, administered by/self-administered with/without supervision-

Daily care requirements

Specific support needed 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

Signed-

Date-

Print Name

Appendix 4

Record of medicine administered

Roger Ascham Primary School

Child's name- _____

Date of birth _____

Name of medication- _____
(If prescribed, check all of the details match our details)

Expiry date _____

Date- September 2023

Date	Time	Dose given	Any comments/ reactions?	Signature of staff member	Print name

Appendix 5-

**Contacting Emergency Services in a Medical
Emergency**

Dial 999, ask for an ambulance and have the following information ready:

- **Location - Roger Ascham Primary School**

- **Telephone number - 0208 527 3157**
- **Post code- Williams Avenue (emergency entrance gate) E17 5HX**
- **Patient's name, age, location within the school and a brief description of their symptoms**
- **Inform Ambulance Control of the best entrance to use (Williams Avenue, E17 5HX) and state that the crew will be met by a member of staff and taken to the patient on arrival.**

You must- send somebody to inform the school office staff and the Site Services Officer (SSO) that the emergency access gate will need to be opened immediately.