

Appendices

Supporting Pupils with Medical Conditions

Contents

Appendix A: Individual Healthcare Plan

Appendix B: Headteacher agreement to administer medicine

Appendix C: Parental agreement for setting to administer a Prescribed medicine

Appendix D: Parental/Carer Agreement to Administer an 'Over the Counter' (OTC) Medicine

Appendix E: Record of medicine administered to an individual child

Appendix F: Record of medicine administered to all children

Appendix G: Staff training record – administration of medicines

Appendix H: Contacting the Emergency Services

Appendix I: Model letter inviting parents to contribute to an Individual Healthcare Plan

Appendix J: Request for a Child to carry his/her medicine

Appendix K: Use of Emergency Salbutamol Inhaler

Appendix L: Specimen letter to inform parents of emergency Salbutamol inhaler use

Appendix M: School's HCP – Contact Details

Appendix N: Temperature Recording Sheet for Medical Fridge

Appendix A: Individual Healthcare Plan

School: Rainford Brook Lodge, Rufford Road, Rainford, St Helens, WA11 8JX

Headteacher: Mr P Reece

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to Child	
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 <i>(state if different for off-site activities)</i>	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

Appendix B: Head Teacher Agreement to Administer Medicine

School: Rainford Brook Lodge, Rufford Road, Rainford, St Helens, WA11 8JX

Headteacher: Mr P Reece

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date _____

Signed _____

(The Head Teacher/Head of Setting/Named Member of Staff)

Appendix C: Parental/Carer Agreement for Setting to Administer a Prescribed Medicine

School: Rainford Brook Lodge, Rufford Road, Rainford, St Helens, WA11 8JX
 Headteacher: Mr P Reece

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
	Yes	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Appendix D: Parental/Carer Agreement to Administer an 'Over the Counter' (OTC) Medicine

School: Rainford Brook Lodge, Rufford Road, Rainford, St Helens, WA11 8JX

Headteacher: Mr P Reece

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

The school will not administer the first dose in case of a reaction to the medication

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/senior nursery staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Appendix G: Staff Training Record – Administration of Medicines

School: Rainford Brook Lodge, Rufford Road, Rainford, St Helens, WA11 8JX

Headteacher: Mr P Reece

Name	
Type of Training Received	
Date of Training Completed	
Training provided by	
Profession and Title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's Signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

Appendix H: Contacting Emergency Services

Request an Ambulance - Dial 999, ask for an Ambulance and be ready with the information below.

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

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Appendix I: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

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 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 Healthcare Plan has been scheduled for [insert date]. 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 [insert names & job titles]. 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. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix J: Request for Child to Carry His/Her Medicine

THIS FORM MUST BE COMPLETED BY THE CHILD'S PARENTS/GUARDIAN

If staff have any concerns, discuss the request with healthcare professionals

Name of School/Setting	
Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Date Medicine provided by Parent	
Name of Medicine	
Procedures to be taken in an Emergency	

Contact Information	
Name	
Daytime Phone No.	
Relationship to Child	

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

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

Appendix M: School Health Care Professionals (hcp) (Contact details)



**North West
Boroughs Healthcare**
NHS Foundation Trust

CENTRAL LOCALITY SCHOOLS CLUSTER

SCHOOL	NAMED HCP
QUEENS PARK	Catherine Hoskinson
ST TERESA DEVON ST	Leanne Lowe
ST MARY AND ST THOMAS	Rachel Bond
PARISH	Caiti O'Callaghan
HOLY CROSS	Leanne Lowe
MERTON BANK	Dianne Lea
BROAD OAK	SHAREN HARWOOD
SUTTON OAK	Dianne Lea
HOLY SPIRIT	SARAH CHAPELOW
ST ANNE SUTTON	SOPHIE HAYWORTH
ROBINS LANE	Sophie HAYWORTH
ALLANSON STREET	SOPHIE HAYWORTH

Team Manager	Team Manager
Station House Thatto Heath Road St Helens WA10 3QS 01744 624925	Mossbank Children Centre Kentmere Avenue Carr mill St Helens WA11 7PQ 01744 624357

* Please note the above contact details may be subject to change

HAYDOCK/NEWTON LOCALITY SCHOOLS CLUSTER

School	Link Nurse
Ashurst	Clare Roper
Legh Vale	Clare Roper
English Martyrs	Clare Roper
District	Clare Roper
Blackbrook St. Marys	Rachel Phillips
Grange Valley	Rachael Phillips
St. James	Rachael Phillips
Wargrave	Racheal Phillips
Newton	Phyllis Wong
St. Peters	Phyllis Wong
Newton St. Marys	Phyllis Wong
Lyme	Phyllis Wong

Team Managers:

Caiti O'Callaghan Mobile- 07831118657

WOODSIDE PCRC
WOODSIDE AVENUE
HAYDOCK
ST.HELENS
WA11 ONA
01744 624321

* Please note the above contact details may be subject to change

NORTH LOCALITY SCHOOL CLUSTER

SCHOOL	NAMED HCP
ECCLESTON MERE	Danielle Cairnes
ECCLESTON LANE ENDS	Catherine Hoskinson
ST JULIES	Rachel Bond
ST THOMAS CANTERBURY	Rachel Bond
BLEAK HILL	Rachel Bond
RIVINGTON PRIMARY	Danielle Cairnes
HOLY CROSS	Leanne Lowe

SCHOOL	NAMED HCP
ST PETER AND PAUL CARRMILL	Leanne Lowe
CORPUS CHRISTI RAINFORD	Leanne Lowe
RAINFORD BROOK LODGE	Leanne Lowe
RAINFORD HIGH	Katie Wall
GARSWOOD PRIMARY	Danielle Cairnes
RECTORY	Danielle Cairnes
ST AIDENS BILLINGE	Katie Wall
CHAPEL END BILLINGE	Catherine Hoskinson
ST MARY'S BILLINGE	Rachel Bond
CARR MILL PRIMARY	Debbie Stott
RAINFORD CE	Katie Wall

Team Manager Sam Talbot - 07917001728

MossBank Children Centre

Kentmere Avenue

Mossbank

St Helens

WA11 7PQ

01744 624313

* Please note the above contact details may be subject to change

SOUTH LOCALITY SCHOOLS CLUSTER

SCHOOL	NAMED HCP
BROAD OAK	SHAREN HARWOOD
ST JOHN VIANNEY	BERNIE JACKSON
SHERDLEY	SHAREN HARWOOD
OAKDENE	SARAH CHAPELOW
LONGTON LANE	SARAH CHAPELOW
HOLY SPIRIT	SARAH CHAPELOW
THATTO HEATH	SARAH CHAPELOW
EAVES LANE	SARAH CHAPELOW
WILLOW TREE	TRACEY MCGLORY
ST ANNS RAINHILL	TRACEY MCGLORY
ST BARTHOLOMEWS	TRACEY MCGLORY
ST THERESAS SUTTON	BERNIE JACKSON
ALLANSON ST	BERNIE JACKSON
ST ANNES SUTTON	BERNIE JACKSON
ST AUSTINS	SHAREN HARWOOD
ROBINS LANE	BERNIE JACKSON
NUTGROVE	DIANE LEA
SUTTON OAK	DIANE LEA
SUTTON MANOR	DIANE LEA
MERTON BANK	DIANE LEA

Team Leader:- Nikki Carter

Mobile no :- 07917001696

STATION HOUSE
70-72 THATTO HEATH ROAD
ST HELENS
WA10 3QS
01744 624925

* Please note the above contact details may be subject to change

Appendix N: Medication Fridge Temperature Recording Sheet (Daily Records)

Date	Time	Fridge Temp °C (Range 2-8°C)	Action taken if outside of Temperature Range	Signature of Employee Recording Temperature