Pope Francis
Catholic Multi Academy Trust

Supporting Pupils with Medical Conditions Policy

JOY MERCY SERVICE DIGNITY SOLIDARITY

Approved by:	Trust Board	
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The governing board of name of school has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

The school will not treat a pupil less favourably because of a disability arising from a medical condition and will make reasonable adjustments where required under the Equality Act 2010.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

The Trust strives to ensure the safety and wellbeing of all members of our school communities. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

Management of allergies and anaphylaxis is undertaken in accordance with the Trust's Allergy and Anaphylaxis Safety Policy.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Human Medicines Regulations 2012 (as amended)
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- Current DfE statutory guidance 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'

- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Keeping Children Safe in Education (current edition)
- Working Together to Safeguard Children (current edition)
- UK GDPR and Data Protection Act 2018
- Health and Safety (First Aid) Regulations 1981
- Children and Families Act 2014 Section 100
- DfE Allergy Guidance for Schools (2023)
- Children's Wellbeing and Schools Act 2026 and associated allergy safety requirements commonly referred to as "Benedict's Law"
- Allergy UK Good Practice Guidance
- Resuscitation Council UK guidance on Anaphylaxis

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Educational Visits
- Catering Procedures
- Food

Roles and responsibilities

The Board of Directors

The Board of Directors has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the Trust. Although the Trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the Trust is compliant with the requirements in the above legislation and guidance.

The Board will also determine and approve this policy.

The Board will:

- Ensure appropriate allergy management arrangements exist across all schools
- Ensure suitable governance of allergy incidents
- Monitor compliance with Benedict's Law

CEO

The CEO will:

- Oversee and support the headteacher and/or local governing bodies of each school in carrying out their duties
- Highlight any issues found across the Trust to the board of directors

Local governing bodies

Local governing bodies of each school will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their school
- Monitor that records of children's medical needs and medicines that have been administered are kept

up to date
- Review how well this policy is locally applied and make recommendations to the board of directors as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Monitor allergy risk management.
- Receive reports following significant allergic reactions.
- Monitor annual staff training.

The headteacher

The headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Nominate a designated medical conditions lead
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with Trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in case of staff absence, and that supply teachers are briefed
- Must ensure appropriate arrangements for educational visits, off-site provision and extracurricular activities
- Ensure confidentiality whilst allowing appropriate information sharing on a need-to-know basis
- Ensure supply staff, agency staff and volunteers know emergency procedures where relevant
- Maintain an Allergy Register
- Ensure Individual Healthcare Plans include allergy management
- Ensure spare AAIs are available where appropriate
- Ensure expiry dates are monitored
- Ensure catering arrangements meet Natasha's Law
- Ensure educational visit risk assessments include allergies
- Provide an annual report to governors on
    - Number of pupils with allergies
    - Number of Individual Healthcare Plans
    - Staff training compliance
    - Medication audit outcomes
    - Allergic and medication incidents
    - Lessons learned
    - Actions arising
    - Allergy near misses

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff will:

- Prevent food sharing
- Understand allergy signs and symptoms
- Know locations of emergency medication
- Respond immediately to suspected anaphylaxis

Following use of any emergency medication, parents will be informed immediately and requested to provide a replacement as soon as practicable. The school will monitor replacement to ensure emergency medication remains available.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment
- Notify school immediately of allergies
- Supply prescribed medication
- Renew medication before expiry
- Provide written consent for spare AAIs
- Confirm annually that the allergy information, emergency contacts, medication and Individual Healthcare Plan remain accurate

Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.
- Pupils should avoid sharing food.
- Pupils should inform staff immediately if exposed to allergens.
- Carry emergency medication where appropriate.

Catering Staff

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

School nurses and other healthcare professionals

Our school nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Trust and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Schools will make reasonable adjustments for pupils with allergies to ensure they can safely participate in:

- curriculum activities
- food technology
- educational visits
- enrichment
- after-school activities
- residential visits

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. This process will be followed by all schools in the Trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

Where the condition is an allergy the school should:

- obtain medical evidence
- identify allergens
- identify emergency medication
- create an Individual Healthcare Plan
- determine whether a Risk Assessment is required
- add pupil to the Allergy Register

Individual healthcare plans (Appendix 1)

- The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.
- Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have

changed.

- Plans will be developed with the pupil's best interests in mind and will set out:
  - What needs to be done
  - When
  - By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.
- Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Local Governing Body and Headteacher will consider the following when deciding what information to record on IHPs:
  - The medical condition, its triggers, signs, symptoms and treatments
  - The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
  - Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
  - The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
  - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
  - Who in the school needs to be aware of the pupil's condition and the support required
  - Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
  - Arrangements for emergency medication expiry date monitoring
  - IHPs should record consent for information sharing where appropriate
  - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
  - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
  - What to do in an emergency, including who to contact, and contingency arrangements

The plan should include:

- confirmed allergens
- previous reactions
- previous anaphylaxis
- avoidance measures
- dining arrangements
- educational visits arrangements
- emergency treatment
- AAI dosage
- location of medication

- consent for spare AAI
- medication expiry dates
- photograph of pupil (where appropriate)

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Review following allergic reaction, hospital admission, medication changes, significant change in condition or emergency incident, not solely annually.

During a review the following is required:

- root cause review
- whether controls failed
- whether training needs to be changed
- whether risk assessments require amendment
- whether governors should receive notification

Managing medicines

Prescription and non-prescription medicines will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents' written consent
- **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents**.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- Schools will only accept prescribed medicines that are:
  - In-date
  - Labelled
  - Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage
- Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.
- Schools should hold spare salbutamol inhalers in accordance with Human Medicines Regulations.
- Schools should hold spare adrenaline auto-injectors where appropriate.
- Schools should refrigerate medicines if required.
- School should ensure that medicines accompany pupils on educational visits.
- Emergency medication must remain immediately accessible throughout the visit and must never be stored in luggage, coach holds or inaccessible locations.

Procedures apply equally to

- Breakfast clubs
- After-school clubs
- Holiday provision
- Wraparound care
- Lettings where pupils are present

Emergency medication includes asthma inhalers, AAIs, insulin, Glucagon.

Designated medical conditions lead will be responsible for checking expiry dates of emergency medication.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

- Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:
- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- The views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Debrief and review of IHP should follow any significant medical emergency.

Training

Staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. A training record will be kept by the school.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date with refreshers where healthcare professionals advise or where staff competence required updating.

The school will arrange specialist training on a regular basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained in how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.

- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff, volunteers, temporary staff, agency staff, trainee teachers and contractors supervising children during their induction.

Record keeping

The Local Governing Body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs will be kept in a readily accessible place which all staff are aware of.

Schools will maintain:

- Allergy Register
- AAI Register
- Expiry Register
- Allergy Incident Log
- Staff competency records

Records are retained in accordance with the Trust's Records Retention Schedule and GDPR.

Liability and indemnity

The board of directors will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk.

The details of the schools insurance policy will be displayed within the staff room and the reception area of school, and available from the School Business Manager. Staff acting in accordance with this policy when administering emergency adrenaline are indemnified under Trust arrangements.

Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the Trust's complaints procedure.

Monitoring arrangements

The headteacher is responsible for reviewing this policy annually.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, there should be:

- Incident review
- Risk assessment review
- IHP review
- Lessons learned

School should complete an annual audit of

- Individual Healthcare Plans
- Allergy Register
- Medication expiry
- Staff training
- Catering compliance
- Emergency equipment
- Educational visits

Appendix 1 - Individual Healthcare Plan

Name of Pupil	
Date of Birth	
Year / Class	
Emergency contacts	
Staff who need to be aware	

Allergy:

Note what allergy the child or young person has
Note any known allergens
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on Education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person's learning.
Indicate how the allergy may impact on the child or young person's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Appendix 2 - Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form

Administration of medication form

Date for review to be initiated by	
Name of Pupil	
Date of Birth	
Group / Class / Form	
Medical condition or illness	

Medicine

Name of medicine	
Expiry Date	
Expiry Date checked by school	
Dosage and method	
Timing	
Special precautions and instructions	
Side effects	
Self-administration (yes / no)	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name	
Telephone Number	
Relationship to Pupil	
Address	
I will personally deliver the medicine to	Name and position of staff member
Parental consent for information sharing (YES / NO)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I also give consent for emergency treatment to be administered if required. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature _____ Date _____

Appendix 3 - Record of Medicine Administered to an Individual Pupil

Name of pupil	
Group / Class / Form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Add more tables as necessary

Appendix 4 - Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix 5 - Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and Title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Contacting Emergency Services

To be stored by the phone in the school office

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

- Telephone number: school phone number
- Your name
- Your location as follows: full address of school, including postcode
- Exact location of the individual within the school
- The name of the individual and a brief description of their symptoms
- The best entrance to use and where the crew will be met and taken to the individual

Appendix 6 - Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider

Appendix 7 – Educational Visit Medical Risk Assessment Checklist

Visit	
Visit date	
Visit leader	
Medical conditions identified	YES / NO
IHPs reviewed	YES / NO
Medication accompanies pupil	YES / NO
Two AAIs taken	YES / NO
Medication in date	YES / NO
Named trained adult	
Emergency contacts	
Venue informed	YES / NO
Catering arrangements	
Emergency procedures briefed	YES / NO
Visit Leader signature	
Headteacher approval	