Date: September 2026

Next review date: September 2027

Responsibility: SMT (Principal/Bursar/H&S Committee)

DAME ALLAN'S SCHOOLS

FIRST AID & ADMINISTRATION OF MEDICINES POLICY

1. STATEMENT OF INTENT

The Governing Body believes that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant, and all staff should be aware of.

This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives through the Health and Safety Committee.

2. ROLES AND RESPONSIBILITIES

2.1 The Governing Board

- The Governing Board has ultimate responsibility for health and safety matters - including First Aid in the school.
- Ensure the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- Provide first aid materials, equipment and facilities according to the findings of the risk assessment.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.2 The Principal

- To ensure a first aid needs assessment is carried out for the school site, review annually and/or after any significant changes.
- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school/on the staff portal.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of students.
- Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3 The School Nurse

- Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- Work with the Principal to determine the training needs of school staff, including administration of medicines.

- Administer first aid and medicines in line with current training and the requirements of this policy.
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- Assist with completing accident report forms and investigations.
- Notify manager when going on leave to ensure continual cover is provided during absence.

2.4 Appointed person(s) and first aiders

The appointed persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending students home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

2.6 Staff Trained to Administer Medicines

Members of staff in the school who have been trained to administer medicines must ensure that:

a) Only prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.

b) Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.

c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

d) Records are kept of any medication given and parents are notified as appropriate.

2.7 Other Staff

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are and contact them straight away.
- Completing accident reports for all incidents they attend to where a first aider is not called.
- Informing the Principal or their manager of any specific health conditions or first aid needs.

3. ARRANGEMENTS

3.1 First Aid Boxes

The first aid kits are located in:

Ground Floor	Upper Floor
School Office Staff Workroom Kitchen DT labs Food Technology Dance Studio Lumsden Music Centre Gym DABS Biology prep room (S1/S2)	S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, S14, S15, S16 ART 1, 2, 4
	External
	Sports Hall Pavillion

Junior School	
Medical Room Staff workroom Kitchen EYFS Kitchen	

3.2 Medication

Students' medication is stored in:

- The Nurse's Office at Senior school
- The medicine cupboard in the medical room at Junior School
- The staff workrooms (emergency medication at Senior and Junior school)

3.3 First Aid Needs Risk Assessment

The school will ensure a first aid needs risk assessment is completed to establish if there are adequate and appropriate first aid provisions in place.

- The school will ensure this assessment is reviewed when significant changes occur.

- A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid A Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.
- A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

3.4 Early Years Requirements

- The school ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.
- The school ensures enough paediatric first aiders are in place as per the school's first aid needs risk assessment and early years requirements.
- The school will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.The school will ensure paediatric first aid training is renewed every 3 years.

The school will aim to achieve the Millie's Mark Award (https://www.milliesmark.com/). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by:

- Raising standards in paediatric first aid.
- Increasing number of paediatric first aid trained staff.
- Increasing confidence and competencies in applying paediatric first aid – no matter what the situation.
- Enabling trained staff to respond quickly in emergencies.
- Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies.
- Providing reassurance to parents.

3.5 First Aid Provision

In the case of a student accident, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider.

b) The first aider administers first aid and completes an accident form on Evolve.

c) If the child has had a bump on the head, they must be given a "bump on the head" note and/or their parents notified by some other appropriate means.

d) Full details of the accident are recorded using Evolve accident book

e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then the Nurse/Bursar will arrange for this to be done.

3.6 Educational Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

Where identified within an educational visits First Aid Needs Assessment, the Lead First Aider will arrange for additional equipment such as epi-pens, inhalers as relevant to health care plans.

3.7 Administering Medicines

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff as appropriate. In cases where this is not possible, the staff member will administer the medicine.

If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.

Staff will ensure that records are kept of any medication given. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

3.8 Storage and Disposal of Medicines

Wherever possible, students will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

Spare generic asthma inhalers / epi-pens will be held by the school for emergency use, as per the Department of Health's protocol.

When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents

3.9 Accidents/Illnesses requiring Hospital Treatment

If a student has an incident, which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the student to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if required. If appropriate in the circumstances, a staff member may transport a pupil to hospital in their own vehicle as long as parents are informed.

Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.11 Allergies

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

Arrangements are in place for whole-school awareness training on allergies.

Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.

3.12 Defibrillators

Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

The equipment is regularly checked by Lynsey Procter, school nurse.

3.13 Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

Some students have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

Such students are regarded as having special needs. Most students with special needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable students with special needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with special needs are included.

The school will not send students with special needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help the school to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do

not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision. Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The School Nurse may also provide additional background information and practical training for school staff.

The procedure that will be followed when the school is first notified of a student's medical conditions:

School nurse to be informed of change via email/MyS chool Portal and to add this to the pupils health records on Isams and staff portal.

School nurse to decide if an individual health plan is required. If one is not already available via the pupils' medical team, the school nurse is to discuss needs with pupils' parents and create an individual health plan.

Information to be shared with relevant staff and care plans made available on the staff portal.

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

The procedure that will be followed annually or when there is a significant change in a student's medical condition or special educational needs:

Parents are asked to check health information held by the school nurse via My School Portal annually and to advise of any changes.

Pupils with individual health plans will have them emailed or posted to parents for review annually before the return to school in September.

3.14 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999).

Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

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/own transport if appropriate.

3.15 Accident Recording and Reporting

First aid and accident record book

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. Parents will be informed

either by notification from the Evolve system, telephone call, email or face to face as appropriate.

b) As much detail as possible should be supplied when completing the accident form – which must be completed fully.

c) Records held in the first aid and accident book will be retained by the school until the child reaches the age of 25 to cover the maximum legal timeframe for personal injury claims.

Reporting to the HSE

a) The Nurse will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

b) The Principal will ensure these are reported to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital for treatment
- Near-miss events that do not result in an injury but could have been done. Examples of near-miss events include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment.
  - The accidental release of a biological agent likely to cause severe human illness.
  - The accidental release or escape of any substance that may cause a serious injury or damage to health.
  - An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

Notifying parents

The first aider who has administered the first aid, or another appropriate person, will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day either by notification from the Evolve system, telephone call, email or face to face as appropriate.

Reporting to child protection agencies

The Principal will notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

4. CONCLUSIONS

- This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

5. REVIEW PROCEDURES

This Policy will be reviewed regularly and revised as necessary.

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number:

2. Give your location as follows *(insert school address)*

3. State that the postcode is:

4. Give exact location in the school (insert brief description)

5. Give your name:

6. Give name of child and a brief description of child's symptoms

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

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

Put a completed copy of this form by the telephone.

Appendix 2 - Health Care Plan

Healthcare Plan

Healthcare Plan for Pupil with Medical Needs

Name:

Class:

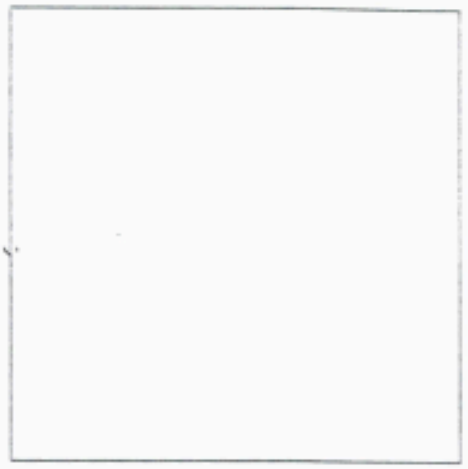
Date of birth:

Condition:

Medication:

Date:

Review date:



Contact Information

Family Contact 1

Name:

Phone:

Family Contact 2

Name:

Phone:

Medical Contact 1

Name:

Address:

Phone:

Medical Contact 2

Name:

Address:

Phone:

Hospital No:

Describe condition and give details of pupil's symptoms

Daily care requirements (e.g. for sport/lunchtimes)

Describe what constitutes a medical problem/emergency for the pupil and describe the action to be taken if this occurs.

Symptom	Action

Who is responsible in an emergency situation at school

School time: Form Tutor / Head of Year -

Lunch time: Senior Midday Assistant -

School trips: Designated helper / teacher

Form copies to

Parents

Form Tutor / Head of Year -

Senior midday assistant -

SEN Coordinator -

School Office

Appendix 3 - Parental agreement for school to administer medicine



CONSENT FORM FOR THE ADMINISTRATION OF MEDICINES

Name of child	
Date of birth	
Form	
Medical condition or illness	
Date form completed	

Medicine

Name of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Storage location	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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(s) Date

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Medication record

Medication Name	Dose	Date & Time given	Staff member name	Signature	Comments

Appendix 7 - Allergy Action Plan (separate versions for those prescribed Epipen/Jext or no AAI)

BSACI ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Individual healthcare plan

Date of plan: .....

Name: ..... Date of birth: .....

Address: .....

..... Postcode: .....

Name of parent/carer: ..... Telephone: .....

Diagnosis (Including any other conditions): .....

.....

Epilepsy syndrome (if known): .....

Description of child's seizures -

Please give brief a description of each seizure type including possible triggers and any warning signs that a seizure may be about to occur.

Type A: .....

.....

..... Typical Duration: .....

☐ This seizure has emergency protocol, see attached.

Type B: .....

.....

..... Typical Duration: .....

☐ This seizure has emergency protocol, see attached.

Type C: .....

.....

..... Typical Duration: .....

☐ This seizure has emergency protocol, see attached.

Basic seizure management for convulsive seizures

1. Note the time that the seizure starts and ends
2. Move any hazards out of the way
3. Loosen tight clothing and protect the head

Let the seizure run its course. When the convulsions have stopped, place the person in the recovery position and stay with them until they are fully alert. If the seizure shows no signs of stopping after 5 mins (or 2 mins longer than is usual for that person) or the person is injured, call 999.

Please call ..... to inform following a seizure.

* After a seizure, please record the details of the event, including time, date, length and any action taken.

Current Medication

List regular medication with dosages:

1. .....
2. .....
3. .....
4. .....

If the child has an RCPCH epilepsy passport then please check for up to date information surrounding medication.

Impact on learning/behaviour/classroom performance:

(Young Epilepsy's Assessment of Behaviour and Learning in Epilepsy screening tool can be used to help identify areas at risk)

Communication (understanding/speaking skills): .....

.....

Cognition (including memory & processing speed): .....

.....

Emotional/Behaviour (attention/mood, anxiety, social skills, aggression): .....

.....

Motor Skills (fine & gross motor skills, coordination): .....

.....

Adjustments needed to the classroom environment:

Any additional provision requirements (inc additional time for exams):

Activities that require special consideration and risk assessment:

Agreement

Who needs to know about the child's condition and have they been informed:

Teacher ☐ SENCO ☐ TA/LSA ☐

Senior Management Team ☐ Office Staff/First Aiders ☐ Lunchtime Supervisors ☐

This plan has been agreed and consent is given for emergency treatment by:

Child/young person/parents/guardians/epilepsy nurse specialist/prescribing doctor.

Name: ..... (epilepsy nurse specialist or prescribing doctor)

Signature: ..... Date: .....

Name: ..... (child/young person)

Signature: ..... Date: .....

Name: ..... (parent/guardian)

Signature: ..... Date: .....

Name: .....

Signature: ..... Date: .....

Position in relation to child: .....

Date this health care plan should be reviewed: .....

Additional information/instructions: .....

.....

.....

.....

.....

.....

Appendix 10 - STAFF TRAINING RECORD

Name	Job Title	Name of Training Course	Date Undertaken	Date Refresher Required	Date Refresher Undertaken

Further Guidance

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE
  https://www.hse.gov.uk/
- The Health and Safety (First-Aid) Regulations 1981
  https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made
- Department for Education and Skills
  www.dfes.gov.uk
- Department of Health
  www.dh.gov.uk
- Disability Rights Commission (DRC)
  www.drc.org.uk
- Health Education Trust
  https://healtheducationtrust.org.uk/
- Council for Disabled Children
  www.ncb.org.uk/cdc
- Contact a Family
  www.cafamily.org.uk

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/

  https://www.allergyuk.org/information-and-advice/for-schools
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cftrust.org.uk
- Diabetes UK
  www.diabetes.org.uk

- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
  www.hacsg.org.uk
- MENCAP
  www.mencap.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/