



## FIRST AID POLICY (including EYFS)

<b>Status and Review Cycle:</b>	Statutory / Annual
<b>Policy reviewed and amended:</b>	Lauren Hosford
<b>Next review date:</b>	9.9.23
<b>Governor Lead:</b>	Dr Simon Bailey
<b>Policy Holder:</b>	Lauren Hosford
	Lauren.hosford@theprep.org.uk
	01732 764832

## **Aims:**

The aims of our first aid policy is to:

- Ensure the health and safety of all staff, pupils, and visitors
- Provide a framework for responding to an incident and recording and reporting the outcomes
- To ensure that there is always an adequate provision of appropriate first aid
- To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.
- To provide instructions where a child may feel ill during the school day
- Arrange and to provide training to staff, maintain record of training. Review annually.

This guidance is applicable to all those involved in the provision of first aid related to school activities. This policy is written in line with the Department of Education on first aid for schools.

## **Roles and responsibilities**

### The governing board

- The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

### Appointed person(s) and first aiders

- Taking charge when someone is injured or becomes ill
- 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
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

### School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend as required.
- Informing the headteacher or their manager of any specific health conditions or first aid needs

## **Training**

The Prep ensures:

- Appointed members of staff complete the 3-day First Aid at Work (FAW) training course or an emergency first aid course, and undergo the 2-day refresher training every 3 years.
- There are sufficient trained first aiders to cover day to day and other school activities.
- A first aider (paediatric first aid for EYFS pupils) accompanies pupils on visits out of school

- First aiders give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.
- The school also have appointed persons (FAW) in addition to first aiders. Such persons will have received more formal training to take charge when someone becomes ill or is injured.
- Appointed staff undergo yearly training in the administration of adrenaline (Epipens) to treat anaphylactic shock.

### Medical room

The main medical room is in The Prep School house next to the reception area. In the Pre-Prep pupils are treated in the school office.

- A defibrillator is located outside the Prep's Medical Room beside the pigeonholes.
- A defibrillator is located opposite Mrs Cook's office in the seating area.

A full list of the medical room equipment is detailed below:

	wash basin with hot and cold running water
	toilet facilities close by
	drinking water and disposable cups
	disinfecting hand sanitiser and surface wipes
	lockable first aid cabinet/cupboard
	foot operated refuse container
	yellow disposable clinical waste bags
	examination/medical couch
	chair
	telephone or other communication equipment
	accident book for recording incidents attended by a first aider
	Medicines record log
	parent contact details and pupil information accessible by PC/internal network

### First Aid Kits

- First aid kits are provided in areas of the school where accidents are considered most likely
- A first aid kit is taken when pupils leave the school on organised trips or participate in sports events. Children's EpiPens and Inhalers are also taken in these first aid kits. It is the responsibility of the staff member in charge of first aid on the trip to collect a first aid kit and the child/children's medications.
- First aid kits are checked weekly and replenished as necessary
- The contents of a first aid box will be in accordance with the guidance given in the Health and Safety Executive website.
- First Aid kit content is detailed below:

	Plasters in a variety of shapes and sizes
	Medium and large sterile gauze dressings
	2 sterile eye dressings/ finger bandages
	Triangular bandages
	Crepe rolled bandages
	Safety pins
	Disposable sterile gloves

	Scissors
	Foil blanket
	Alcohol free cleansing wipes
	Sticky tape
	Resuscitation face shield
	Accident book and pen
	Distilled water for cleaning wounds
	Eye wash and eye bath
	Cool packs

### **First Aid Notices**

Lists of members of staff who are qualified first aiders or Paediatric first aiders are displayed on noticeboards:

- Directly across from the medical room
- The entrance to the sports hall
- The entrance to the Oakery
- Health and safety notice board – Centenary Centre
- Pre-prep office
- Pre-prep main building entrance

### **Record-keeping and reporting**

#### **First aid and accident record**

- An accident form or PASS record will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident eg- which finger on which hand
- Accident books are in all first aid kits to allow incidents to be recorded as they happen
- On the Prep side, the Medical Officer is responsible for recording the injury information on PASS. If any other member of staff is dealing with the accident, they must enter the details into an accident book in the medical room.
- In the Pre-Prep, incidents are to be recorded by Mrs Howe on the staff Intranet, in the child's Year group folder by the acting first aider. These incidents will also be recorded on a bump note to be sent home to parents.
- Records held in the first aid rooms and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

#### **Reporting to the HSE**

- 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) must be reported within 2 weeks of the incident.

#### **Procedures for pupils with medical conditions**

- A medical care plan will be completed yearly to provide details on the medical condition

- The information held by the school will include details of pupils who have medical conditions, and those who need to have access to asthma inhalers, Adrenaline auto injectors, injections or similar, and this information should be circulated to teachers and First Aiders.
- Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis.
- In other cases, the equipment will be kept, suitably labelled, at the school's medical room (prep side) or in the child's class rooms (pre-prep side)

Individual healthcare plans are documented to allow the Prep to effectively support pupils with special needs or long-term and complex medical conditions.

They provide clarity about what needs to be done, when and by whom. The level of detail within the individual plan depends on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

The healthcare plan will include/ consider: -

- the medical condition, its triggers, signs, symptoms, and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social, and emotional needs if applicable— 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements
- Plans are filed in the medical room and clearly labelled. These are reviewed annually unless things change in the interim.
- Parents are responsible for informing the school about any changes to their child's condition/care plan

#### **Procedure for pupils with allergies/ intolerance**

- If a child has an allergy or intolerance, communications will take place between the medical officer and the child's parents.
- An allergy or intolerance form will be completed by the parents and stored in a folder in the medical room

- The information on this form will be recorded on PASS/3sys for all staff to see, and passed onto the catering department
- This will be reviewed yearly

### **Procedure for minor accidents**

As and when a minor accident occurs the casualty should receive appropriate first aid from the school Medical Officer, a member of the teaching staff, or a member of the office staff according to their training.

In the event of a head injury, for children in the Pre-Prep a “bump note” will be placed in the pupil’s book bag alerting the parent to the minor injury should the parent or guardian notice a bruise or graze on their child that evening. In the senior school, a head injury letter will be sent home.

### **Procedure for serious accidents**

For the more serious accidents the pupil will be sent to hospital. Initially, attempts will be made to contact the parents, inform them of the situation and assess the feasibility of the parent taking the pupil to hospital. If this is not a feasible option, then the casualty will be driven by a fully trained member of staff, or an ambulance will be called. In this situation the parents must be informed immediately of: -

- the name of the Hospital to which their son/daughter has been taken.
- asked to attend the hospital as a matter of urgency.
- reassured to minimise parental distress

In the event of a medical emergency, DO NOT leave the casualty alone, but the First Aider at Work or school Medical Officer must be contacted.

When an ambulance is required:

- Dial 999
- When asked what service is required state clearly “Ambulance”
- When put through to the ambulance control room, state clearly what the emergency is and whether the casualty is breathing.
- Listen to the operator and follow instructions given. Do not hang up unless you are told to do so.
- Give the operator your exact location i.e. the school address and postcode and location on our site e.g. the Pre-Prep Hall, the Oakery
- Give your telephone number to the operator and keep the phone manned.
- Send someone to the school entrance to wait for the ambulance and to direct the crew to the casualty. Ask someone to locate a high vis jacket for this person so they can be seen.
- Inform the school office and ask someone from the SMT to contact the casualty’s parents or staff member’s next of kin. *Be cognisant of communication and contain messages in line with the crisis communication policy.*
- If the casualty’s condition worsens, call back the emergency services.
- If the decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the maintenance team so an area can be cleared and prepared for a helicopter landing.

## **Procedure for pupil minor illness**

If a teacher feels that a child is not well and requires assessment, the following procedures should be followed.

The Medical Officer (and in her absence, a FAW) will assess the child and see if they can resolve the problem or whether the child should be sent home. If the child is to be sent home the pupil illness form must be completed (by the Medical Officer or FAW) and inform the office.

Should a pupil become unwell at either break time they should report to one of the teachers on duty or go directly to the school Medical Officer.

If a teacher feels that a child in the Pre-Prep is not well enough to continue working at school, a member of staff will escort them to the Pre-Prep Office. The teacher and first aiders in the Pre-Prep office will decide whether the child is well enough to remain in school or not. The Medical Officer may be consulted if necessary. The child will remain in the office whilst the parents' are contacted and arrangements are made for the child to be taken home.

The Medical Officer is on duty in the medical centre from 10:00– 16:00 Monday – Friday. At all other times illness will be overseen by the office staff and where necessary an appropriately qualified first aider.

The Medical Officer holds details regarding infectious diseases and the appropriate exclusion period in each instance. In cases of vomiting and diarrhoea, pupils should not return to school for a period of 48 hours after the last episode.

## **Medication**

All medications on site will be checked regularly to ensure it is in date. Parents will be notified if children's long term prescribed medication eg-EpiPens are due to expire so new medication can be brought into school.

Non-Prescribed medication – Only medicines stated on the annual consent form for the "Administration of Non-Prescribed Medication and First Aid" can be given to a pupil by a suitably qualified member of staff and if the consent form has been signed by the parent or guardian.

Having considered the Gillick competency and the age of our pupils, it is not our policy to allow pupils to self-medicate without parental permission.

The member of staff giving the medicine should: -

- Check the identity of the pupil.
- Check that consent has been gained from parents for the medication to be administered. Consent can be checked on PASS system.
- Ask their age
- Ask if they have had any of the same medication within the last 24 hours. This should be checked with a call to the parents if there is any doubt. The medicine should be given depending on this answer.

- Always check the label on the medication for dosage instructions and ensure the medication is in date.
- A medication given at school form should be sent home with the child. This form is vitally important as it states what medicine the child has had, what amount and at what time.
- All details of non-prescribed medication given to pupils must be recorded in the Record of medication given folder, and in the school's PASS computer system along with the details about the child and reasons for giving the medication.

### Prescribed medication

If a child requires prescribed medication, then it must be brought into school by their parent or guardian. The medication must be in its original container as dispensed by a pharmacist and include the prescriber's instructions for administration which must be followed. It should be clearly labelled with the child's name. A child medication register form should be completed by parents giving information of the specific medication, strength of medicine, dosage to be administered and times to be given.

All medicines are safely and securely stored and kept in a locked cupboard in the medical room or in the medical room's fridge.

Unless administered by the Medical Officer, two members of staff must be present when the medication is given to the child, and it must be recorded in the records of medication given folder and initialled by both members of staff. This is then recorded on PASS.

If an incorrect drug or dose is given to a child, or to the wrong child, medical help or advice must be sought immediately. This incident must be recorded in the ACCIDENT BOOK, which can be found in the medical room (Prep side). The parents of the child must be informed immediately.

### **Residential Trips**

To ensure the safety and welfare of all pupils on a school trip, the leader is required to make a careful risk assessment of all aspects of the trip. In case of residential trips, the group leader will have 'locus standi' permission in place for each child. Where at all possible a member of staff who is a fully trained first aider (FAW) will attend and carry a school medical kit, and oversee medicines and treatments where necessary. Pre-information regarding medication and allergies should be obtained beforehand, along with parent permission slips.

### **Spillages**

Body Fluid Spillage, blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. To minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

### Procedure



- The Maintenance team should be contacted initially so that they can arrange for a member of their team to clean the area appropriately.
- Gloves must be worn
- Place disposable absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more disposable absorbent towels over the affected area
- The bin bag that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in yellow bins as the school
- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (Yellow bag). If not available, then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.

### Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

### **Action To Take**

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the School Nurse and Senior Management.
- If necessary, take further advice from NHS 111.
- An accident form will need to be completed and may need to be reported to RIDDOR.

### **Wellbeing**

- The school provides a confidential service to Health assured, providing staff with free mental health support should it be needed
- The school has two appointed Wellbeing and Mental Health Coordinators who monitor and review staff moral and stress, through surveys and staff council meetings. This is reviewed by SMT.
- Student support is also provided by teachers for pastoral care, and the Well Being Team if further support is required
- Parents, teachers, the student (depending on their age) and the Well Being Team work together to assess the child's needs and find targeted support, either within school or using external practitioners.

### **Managing an asthma attack:**

#### Signs of an asthma attack include:

- Symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- Reliever inhaler (usually blue) is not helping
- Too breathless to speak, eat or sleep
- Breathing is getting faster and it feels like you cannot catch your breath
- children may also complain of a tummy or chest ache

**The symptoms will not necessarily occur suddenly. In fact, they often come on slowly over a few hours or days.**

#### What to do:

If you think some is having as asthma attack, you should:

1. Sit them up straight – try to keep calm.
2. Give them one puff of their reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If they feel/ seem worse at any point, or do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and symptoms are not improving, repeat step 2.
5. If symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Never be frightened of calling for help in an emergency.

If symptoms improve and you do not need to call 999, call parents to pick their child up, and advise them to get an urgent same-day appointment to see a GP or asthma nurse.

**Managing an allergic reaction:**Symptoms of an allergic reaction can include:

- A runny nose or sneezing
- Pain or tenderness around your cheeks, eyes, or forehead
- Coughing, wheezing or breathlessness
- Itchy skin or a raised rash (hives)
- Diarrhoea
- Feeling or being sick
- Swollen eyes, lips, mouth, or throat

What to do:

- To administer antihistamines

**Managing an anaphylactic reaction:**Symptoms:

Anaphylaxis usually develops suddenly and gets worse very quickly.

The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

What to do:

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

If someone has symptoms of anaphylaxis:

1. **Use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first.
2. **Call 999 for an ambulance immediately (even if they start to feel better)** – mention that you think the person has anaphylaxis.
3. **Remove any trigger if possible** – for example, carefully remove any stinger stuck in the skin.
4. **Lie the person down and raise their legs** – unless they're having breathing difficulties and need to sit up to help them breathe. If they're pregnant, lie them down on their left side.
5. **Give another injection after 5 minutes** if the symptoms do not improve and a second auto-injector is available.

### **Managing a head injury:**

When the injury happens the first person at the scene should assess whether the child can be taken to the medical room, or if the Medical Officer or first aider should come to them.

For an obvious serious head injury eg- a penetrating injury, a visible fracture to the skull, major bleeding, and/or unconsciousness, **CALL AN AMBULANCE IMMEDIATELY.**

Do not move them if they are conscious whilst waiting, however, if they are or become unconscious then they must be put in the recovery position.

Control any bleeding with a sterile dressing if possible from the first aid kit.

Reassure the casualty and keep them warm until emergency services arrive. Observe the casualty for changes in status

For a minor head injury with no loss of consciousness or bleeding, the child should be observed and ice should be applied to the area of injury.

Observe for and record any of the following symptoms:

- Headache getting worse
- Increased drowsiness
- Nausea or vomiting
- Unequal pupils.
- Dizziness, or confusion.
- Fluid coming from the ears or nose.
- Blurred vision or slurred speech.
- Unconsciousness or seizure

If any of these symptoms present at the time of injury or throughout the next 48 hours, the parents should be called to collect the child, and advised to seek medical advice from a doctor.





# SEVENOAKS

## PREPARATORY SCHOOL

### Medical care plan

Name: \_\_\_\_\_

Medical condition: \_\_\_\_\_

Date: \_\_\_\_\_

Renewal date: \_\_\_\_\_

Describe the condition and give details of the pupil's individual symptoms:

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Daily care requirements:

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**Describe what constitutes as an emergency (if applicable), and the action to be taken:**

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**Details of medical/hospital care plan (if applicable):**

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**Medication held in medical room for child's use:**

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**When/how is medication to be administered:**

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# SEVENOAKS

## PREPARATORY SCHOOL

### **CHILD ALLERGIES**

Our aim is, as always, to ensure that your child remains as safe as possible whilst at school. In this regard, we would like to confirm your child's details to ensure that we care for your child effectively.

Please could you answer the following questions to the best of your knowledge.

**Child's Name:** .....

1. Please name the known allergies of your child:

.....

.....

.....

2. From what age were these allergies first noticed:

.....

3. What physical reactions does your child show when coming into contact with or consuming these food/substances:

.....

.....

.....



4. What medication should the school administer to your child when the reaction occurs:

.....  
.....

5. Please give the name of the allergy clinic/consultant who diagnosed the condition:

.....  
.....

6. Has your child ever suffered a full blown anaphylactic shock, which has resulted in the use of an epipen/anapen. If so, please give the dates:

.....  
.....

If, in the future, there are any changes to your child's allergies, or management of them, please inform the school nurse immediately.

If you have any queries on the above, please do not hesitate to email the nurse at [school.nurse@theprep.org.uk](mailto:school.nurse@theprep.org.uk) or telephone 01732 764 823 (direct line).

Signed: .....Date: .....

.....

(Print Name)



### **CHILD INTOLERANCES**

Our aim is, as always, to ensure that your child remains as safe as possible whilst at school. In this regard, we would like to confirm your child's details to ensure that we care for your child effectively.

Please could you answer the following questions to the best of your knowledge.

**Child's Name:** .....

4. Please name the known intolerances of your child:

.....

.....

.....

5. From what age were these first noticed:

.....

6. What physical reactions does your child show when coming into contact with or consuming these food/substances:

.....

.....

.....

4. What medication should the school administer to your child if the reaction occurs:

.....  
.....

If, in the future, there are any changes to your child's intolerances, or management of them, please inform the school nurse immediately.

If you have any queries on the above, please do not hesitate to email the nurse at [school.nurse@theprep.org.uk](mailto:school.nurse@theprep.org.uk) or telephone 01732 764 823 (direct line).

Signed: .....Date: .....

.....

(Print Name)

Dear Parent,

Your child..... bumped their head today.

Date..... Time.....

Details of injury .....

Treatment:

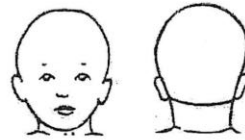


Cold compress ☐

Observation ☐

Cleaned wound ☐

Applied plaster/dressing ☐



Site of injury – mark with 'X'

Pain killers given (if appropriate): .....

Resolution of Injury (please tick appropriately)

☐ Pupil returned to class

☐ Pupil sent home

☐ Pupil referred to A&E

Name of staff providing treatment\*\*: .....

#### Head Injury

Children often bump their heads with no further consequences. However, it is important to observe your child once they get home from school. This is because, although rare, it is possible for a more serious internal injury to develop up to 24 hours after the accident.

If your child displays any of the following symptoms, I advise that you seek medical advice from either your GP or your local Accident and Emergency Department.

- Increased drowsiness
- Worsening headache
- Confusion, restlessness, agitation or unusual behaviour
- Vomiting
- Weakness, numbness (in an arm or leg) decreased coordination
- Dizziness or loss of balance
- Convulsions or seizures
- Any visual disturbances such as blurred vision or double vision
- Blood or clear fluid leaking from nose or ear
- Unusual breathing patterns
- Slurred speech

Lauren Hosford  
Medical Officer

\*\*(Please leave a copy for nurse)



Dear Parent,

Your child ..... Class: .....

Today's date: ..... Time of incident:.....

What happened: .....

.....

.....

Any treatment given: .....

Staff Member Name.....

Signature..... Signature #2.....

Original to be sent home. Scan in class intranet file



**Student Illness Report Form**

Date:

Time:

Student name:

Description of illness and assessment:

Was the parent notified: Yes ☐ No ☐ By Whom? if not, then why?

Name of family member contacted:

Time notified:

Parent instructions:

Go back to class:

☐

Medication given:

☐

Student to leave school:

☐

Details of action taken:

Form completed by:

Signature:



# SEVENOAKS PREPARATORY SCHOOL

## MEDICATION GIVEN AT SCHOOL

Dear Parent,

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Form: \_\_\_\_\_

**We have given your child medication today for the following reason;**

**Illness:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:** \_\_\_\_\_  
\_\_\_\_\_

**Dose:** \_\_\_\_\_  
\_\_\_\_\_

**Time Given:** \_\_\_\_\_  
\_\_\_\_\_

Please do not hesitate to contact us.

Yours sincerely,

Lauren Hosford  
Medical Officer

### Child Medication Consent Form

Child's name			Form:
Date of Birth			
Name of Medicine			
Reason for medication			
Strength (if applicable)			
Expiry Date			
Dosage to be administered			
Length of medication course			
Times to be given			
Any other instructions <small>(E.g. if medication need to be sent back home or taken with food etc)</small>			
Quantity of medication given to school <small>(if applicable)</small>			

**PLEASE NOTE:** all medicines must be given to the school in the original packaging and dispensed by the pharmacy, bearing the pharmacy label.

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signed: (parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Print name: \_\_\_\_\_