

# Troon Primary School and EYC

## First Aid, Care and Administration of Medication Policy



This policy statement should be read in conjunction with the Supporting Young People with Healthcare needs in Education guidance (<https://www.nhs.uk/news/2020/04/20200414-supporting-cyp-with-healthcare-needs-in-education-final-april-2020.pdf>) and the South Ayrshire Council Educational Services Management Guidelines on First Aid and Administration of Medicines in Schools and Early Years Centres. It is also based on the Care Inspectorate guidance which can be found at [https://hub.careinspectorate.com/media/6297/management-of-medication-in-daycare-of-children-and-childminding-services\\_july25.pdf](https://hub.careinspectorate.com/media/6297/management-of-medication-in-daycare-of-children-and-childminding-services_july25.pdf)

### Introduction

It is essential schools have agreed and adopted policies for the management of pupil care and welfare. All staff in Troon Primary take this very seriously and give high priority to the wellbeing of pupils in their care. This school supports children with all health and wellbeing needs and encourages them to achieve their full potential. This is achieved by having clear guidance which is understood by all school staff. Our policy on promoting the care and welfare of our pupils is based on:

- A curriculum which promotes the health and wellbeing of the whole child.
- Systems which meet the individual pastoral, support and health needs of young people.
- Attention given to individual health and medical needs.
- Attention given to Health and Safety requirements.
- Ensuring effective inter-agency working and shared responsibility within community departments for the health and wellbeing of young people.
- Maintaining confidentiality of information / sharing of information where appropriate.

The young people are encouraged to develop the knowledge, skills and understanding to make informed choices about their own health and wellbeing. Through effective programmes across the curriculum, but particularly in Health & Wellbeing, the aim is to promote the wellbeing of the children within the following themes:

- Safety
- Multi-cultural education
- Developing Resilience, self-esteem and building relationships
- Equal opportunities
- Health promotion

All young people within our school receive support and guidance, however it is recognised that there are some who will require considerable support and input for a number of reasons. These may be:

- Specific health needs such as diabetes, asthma or other medical condition
- Looked After and Accommodated children
- Young people experiencing or recovering from abuse or neglect
- Young people who may be experiencing alcohol / substance misuse issues at home
- Young people or their family, who may be coping with long-term or serious illness
- Young people who have additional support needs due to behaviour or learning difficulties
- Young people who are on the child protection register

In Troon, all children are treated equally.

- We recognise the rights and beliefs of parents/carers and pupils in relation to religious, spiritual and philosophical values and practices
- In school assemblies and religious observance, staff are sensitive to the beliefs and views of all children
- Opportunities are provided within the curriculum and school activities to help promote tolerance and understanding of different beliefs and practices.
- Across all areas of our curriculum, in order to ensure that pupils that pupils develop a strong and positive personal identity, the school aims to:
  - o Treat all languages and cultures with respect.
  - o Encourage children to be proud of their linguistic and cultural knowledge.
  - o Understand the languages and cultures which help to form the identities of our pupils.

### **Roles & Responsibilities**

All staff are fully aware of child protection guidelines and their responsibilities pertaining to the care and wellbeing of the young people in their care. They are alert to the emotional, physical and social needs of individual children and are sensitive to background information. Concerns about any aspect are reported to a promoted member of staff immediately, who will take the appropriate action. A list of children with specific medical needs is circulated to all staff at the beginning of each term. Staff must:

- Be aware of their roles and responsibilities in the supervision of all pupils.
- Play an active part in the promotion and delivery of the procedures.
- Comply with obligations placed upon them by legislation and Authority policies on health and safety.
- Be alert to any situation which may present a threat to the health and safety of children and adults.
- Report concerns about health and safety to a promoted member of staff.

The school takes seriously, their role in supporting not only children, but families of children as best we can. Our open-door policy encourages an open relationship, where parents feel comfortable discussing problems, concerns, or issues with identified members of staff. There is a culture of mutual trust and respect.

### **Staff Training**

In Troon, the following staff are trained to support children with their care needs:

<b>Training</b>	<b>Staff Members</b>
Diabetes Management & Support	School Assistants trained Relevant class teachers/EYC staff trained
Epi-Pen Usage	All staff trained annually
Adrenal Deficiency	SLT and School Assistants/Clerical

## Health and Safety in School

Health and safety guidance, policies and risk assessments are stored in the school. Whilst the Head Teacher, SLT, and janitor have a key role in this, the responsibility lies with all staff to ensure appropriate guidance and policy is followed. Online training modules are carried out by staff as required.

## Health and Medical Needs

The Education (Scotland) Act, highlights that education authorities have certain rights and responsibilities in relation to the health and cleanliness of pupils. In Troon, we have a very positive relationship with the school nurse and other medical colleagues. These professionals visit the school regularly to work with, screen and support children and staff.

## Care Plans

Care plans are in place for all children throughout the school, who have specific medical needs. These plans provide clear guidance to be followed by all school staff, ensuring the care needs of the child are met. These plans are updated in partnership with the school nurse, parents and the child and signed copies are held in school. Master copies are held in the school office and teachers have a copy of this in their class record folder. A copy of the child's most recent administration form should be stored in the office folder of care plans, in case of emergencies.

## First Aid in School

### First Aiders

Teachers' and Early Years Practitioners (EYP) conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of children and young people are expected to use their best endeavours at all times, particularly in emergencies, to secure their welfare. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

When first aid is required it is important that all staff, pupils and helpers fully understand the school procedures and are able to follow them quickly and effectively. Should a child take unwell in the class, the child should be sent, with another pupil, to the office. Alternatively, a child should be sent to the office to ask someone to come to the class. If after assessment, the child stays in school, the class teacher should be informed and asked to keep an eye on the child, reporting any deterioration or concern to the first-aider immediately. Named first aiders in the school are:

Name	Role
Aileen McCallion	Pupils & Staff
Kathryn Alcroft	Pupils & Staff
Michelle Sclater	Pupils & Staff
All EYC	Pupils (paediatric)
Daniel Robb	Pupils & Staff
School assistants	Pupils (paediatric)

In case of obvious illness, sprain or broken bone a promoted member of staff must be informed who will instruct the first aider to contact the parent or emergency contact. In the event of a serious incident, a second opinion should be sought from another first-aider. Smaller accidents such as cuts, scratches, grazes, bumps, bleeding nose etc would normally be dealt with by a first-aider (Appendix 8).

All incidents happening in the school must be recorded in the logbook – noting injury and treatment given. Where there has been a head injury, school policy is that the parent is called and/or texted to alert them to this.

The majority of incidents which happen at Troon Primary are minor bumps and bruises. Incidents of a potentially serious nature, or those where the child required hospital treatment should be entered straight away, electronically, on an AR1 form. This is passed to the HT for signing before being passed to the Health & Safety Officer, County Buildings.

### **Analysis of first aid incidents**

Each term the management team will carry out an analysis of the First Aid logbook. This will be done by examining the locations of incidents, type of injuries sustained, and those children involved to identify any patterns of injuries to help minimize such incidents longer term and help keep our pupils safe within the school environment.

### **First Aid Boxes**

First aid boxes are provided within our school and are located in the main office, kitchen and EYC. School assistants carry a first aid pouch with them in the playground. They are adequately stocked and replenished by the School Assistants.

First aid boxes are adequately stocked, including:

- individually wrapped sterile adhesive dressings (assorted sizes)
- sterile eye pads
- individually wrapped triangular bandages
- safety pins
- medium and large sized individually wrapped sterile wound dressings
- 2 large sterile individually wrapped wound dressings
- disposable gloves
- individually wrapped moist cleansing wipes
- microporous tape
- finger dressings
- foil blanket

### **First Aid on School Outings**

The staff member organising the outing should ensure, through appropriate risk assessment that access to first aid is available for the duration of the trip. The school policy on organisation of outings must be followed. Consent forms must be completed.

Consent forms provide contact numbers, details of allergies and illnesses so that action can be taken if a child is taken to hospital for any reason. In line with GDPR, in the event of an incident the member of staff will phone the school for details.

Class teachers and the clerical team should ensure that any inhalers and other medication required for specific children is taken on all out of school visits.

### **Medication In School**

Parents or carers have the prime responsibility for their child's health and should provide the school with information about any medical needs pertaining to their

child. Parents should contact the EYC or school and discuss the medical needs of their child in the first instance with their key worker, a member of the Senior Leadership Team and a designated First Aider.

Under no circumstances should any member of school staff give a child medication of any kind, without first, written permission from the parent on the relevant form. The appropriate form for this is attached to these guidelines.

Any medication given to any pupil is recorded. Details of dates, times, medication, dosage, staff member and witnessed by a colleague. Normally staff would be given new and unopened medication although in some cases this is not possible if only one bottle has been given for home and EYC/school use.

When a child requires medication for an on-going medical need, trained staff in the school will assist in the administration of this. Staff involved will have been appropriately trained by the relevant health professional. This may include such items as epi-pens, insulin, pain relief etc.

Please see first aid notices in the EYC/School for designated EYC first aiders and school first aiders. If a first aider was absent, one of the other designated First Aiders would assume responsibility as directed by Senior Management

In handling medicines, staff in Troon should ensure:

- All medicines are stored securely and out of reach of children.
- Large volumes of medicines are not kept in school.
- Each medicine container shows the name of the pupil, the dose of the drug, the frequency of administration, amount of medicine initially passed to school staff and the expiry date.
- Parents are responsible for the disposal of date-expired medicines, and are not disposed of by school staff
- Parents collect medicines and inhalers from school at the end of each session.

### Arrangements for Storage of Medication in Troon

Stage	Medication	Storage Area
EYC	All	High Level Cupboard in Nursery Class
P1-7	Inhalers	Labelled Storage Box in Main Office (and with identified pupils P4-7 with parent consent)
EYC-P7	Diabetes Rescue Boxes (if required)	Labelled Storage Box in classroom Pupil always carries own bag
P1-7	All Other Medication	Locked Filing Cabinet in School Office (grab bag for emergency evacuations)
P1-7	Epi-Pens	Labelled and stored in the School Office & pupil class

- Medicine is stored in individual named containers in the EYC cupboard or school office with a copy of the child's Health Care plan.
- Emergency medication such as epi-pens and inhalers are stored in the main office; all children requiring epi-pens also have one available in class.

- All medicines are stored in individual plastic wallets with the child's photo on it.
- EYC and school staff must ensure parents hand over all required medication.
- If the medication requires storage in a fridge, the medication should be stored in a plastic type box with a lid. Medication will be stored in the fridge in the main office which children cannot access.
- In EYC there is an expectation that medication should be reviewed and returned if necessary after 28 days.

### **Disposal of Medication**

Troon Primary and EYC staff should not dispose of medication. Date expired medication or those no longer required for treatment should be directly returned to the parent to return to a pharmacy for safe disposal. Where this isn't possible schools or centres should organise to send the medication to a community pharmacy.

### **Fire/Emergency Evacuations**

In all cases where the school building requires to be evacuated, staff members responsible for the safe-keeping of emergency medication (for example, inhalers, epi-pens) should take the medication with them to the assembly point. A medication grab bag for emergency evacuations will be taken by the clerical team to muster points.

### **Administering Medicine**

- Staff will not give the first dose of a new medicine to the child.
- An Administration of Medicine form must be completed by the Parent/Carer (appendix 3).
- Staff should follow Process for accepting medicine flow chart and Medicine Checklist (see appendices).
- Parents should have already given at least one dose to ensure the child does not have an adverse reaction to the medication e.g. allergic to an antibiotic.
- The information leaflet should accompany the medication.
- Staff should always read the information leaflet.
- Do not administer medication if you do not know what it is or what it is for.
- If medication has to be given on a "when required" basis, it is important the provider has recorded the judgement made as to why the medication has been given e.g. child has high temperature, is wheezing, eyes running or itchy, sneezing etc. These judgements are recorded in the child's personal plan.
- Check dosage with the parent and against the label.
- All medication should be clearly labelled or marked with the identity of the child.
- Check expiry dates and dispensed date. Is this medication for the current condition? If a medicine has not been dispensed recently, is it still appropriate for use e.g. liquid antibiotics usually only have a 7 to 10 day shelf-life, eye drops should be discarded 28 days after opening etc. Something prescribed for a condition 6 months ago might not be appropriate now.
- All medication should be in the original container.
- Time or course expired medication should always be returned to the parents.
- Permission from parents should be time limited e.g. 28 days/termly and then reviewed. EYC and school staff review this with parents on a monthly/termly basis.
- Where possible, two members of staff will witness medication being given and countersign the administration of medication form (appendix 4/5).

- If too much medication has been given the staff should read the information booklet for advice and act on the advice given. They should also telephone the child's parent and inform them what has happened. This incident should be reported to SLT.
- If the child spits out the medication, please refer to the information leaflet, do not overdose the child by giving another dose. Phone the child's parents to inform them and inform SLT.
- If the child refuses to take the medication, please phone their parents. If the medication is given on a regular basis and this is becoming a habit, please arrange a meeting with parents to work on a possible solution.
- If the medication has been given to the wrong child, the child's parents should be contacted immediately, and this incident reported to SLT. In this case the medication information leaflet should be read for side-effects and take action based on the information given in the leaflet.
- Staff may require to have training appropriate to the administration of specific medication e.g. the use of epipens, how to use inhalers, injecting insulin via a pen. HT/DHT would arrange this training. Staff can also use the training on the NHS app.
- If children self-medicate staff should be aware of this and supervise if necessary. Consideration should be given to the safety of other children e.g., children who self-medicate and carry their own medication.
- Staff conduct a audit of medication given i.e., records of medication brought in from home, medication administered, and medication sent home. This is recorded and reviewed termly for medication stored in school.
- Parents are phoned to inform them if inhalers are administered in EYC.

## **Health Care Plans and Medical Protocols**

The child's own health visitor/school nurse/specialised medical professional has responsibility for devising care plans for pupils who require additional support from their parent/carer or the First Aider in the school for the administration of medicine long term. The individual care plan is developed in collaboration with:

- the parent or carer
- the child's GP
- the school doctor/health visitor/nurse
- school staff who have agreed to administer medication or to be trained in emergency procedures
- and any other supporting agencies for the benefit of the child.

Medical information including allergies, illnesses, conditions and medical protocols are included in the class staged intervention folder. These are updated when any changes occur.

## **Specific medical conditions**

- Emergency medication such as epipens and inhalers are stored in named wallets in the office along with a copy of the child's Health Care plan. All pupils with epi-pens also have one stored in class; with parental consent, some P4-7 pupils also carry their own inhaler.
- Staff can use the NHS app for training for Epipens and complete annual refresher training during the August in-service days.
- We work closely with NHS diabetic paediatric team. They update medical protocols for diabetic children which includes where their specific medical kits

are kept and procedures for managing diabetes. All key staff receive regular training from NHS diabetic staff/parents.

### **General Conditions**

Parents should contact the school and discuss the medical needs of their child in the first instance with their key worker, a member of the Senior Leadership Team and a designed First Aider. Parents will then be asked to provide written detail of the condition to include the following:

- details of the condition and pupil's individual symptoms
- information regarding medication where appropriate
- action to be taken in an emergency
- follow up care
- contact information

This information will be recorded on the school Medical Information Form.

### **Procedures when a child becomes unwell in EYC :**

EYC staff should seek advice from the first aider in the EYC or school.

If the decision is made for the child to go home, EYC staff would phone home using the contact numbers provided.

Parents/carer should report to the EYC office and sign the sheet provided before taking the child home.

### **Procedures when a child becomes unwell in school :**

- the class teacher should send the pupil (accompanied with another pupil) to the medical area where he/she should report to the clerical staff who will then call for a first aider;
- If the decision is made for the child to go home, a member of SLT or a member of the office staff would phone the contact numbers provided.
- Parents/carer should report to the school office and sign the sheet provided before taking the child home.

## **CURRENT SPECIFIC INFORMATION:**

### **Young People with Inhalers**

It is the parent's responsibility to ensure that children who have asthma and who use an inhaler, have this available at school for use during the day and for out of school visits.

General advice within Troon is as follows:

- \* Children in Nursery Class have inhalers stored appropriately in the nursery class;
- \* Children in Primaries 1-3 have their inhalers stored appropriately in the school office;
- \* Children in Primaries 4-7 have their inhalers stored appropriately in the school office, with parents' permission, identified pupil carry their own inhalers.

Parents should complete the administration of medication form for every child requiring an inhaler in school. **Under no circumstances** should inhalers be shared with other pupils or siblings.

### **Young People with Diabetes**

Where pupils require procedures to manage diabetes, a medical care plan will be in place. These will be discussed with the parent/carer at least twice per year or if there is a change to the plan. Relevant staff should be trained in these procedures.

Identified children in Troon who are diabetic have a rescue box (provided by home), stored in the child's classroom. This has the child's name clearly labelled along with foods and drinks to raise the levels of sugar.

With the permission of the pupil and parents an introduction to diabetes will be given to the whole school in assemblies. Staff will be notified of any changes in the pupil's condition through regular staff briefings to make staff aware of special requirements.

### **Young People with Allergies**

Young people in the school with specific allergies are identified through the annual data checks. Parents have the responsibility for ensuring the school is fully aware of any allergies which can affect their child's health and wellbeing at school. Young people who have potentially serious allergies have an appropriate care plan written by the school nurse and signed by parents. The master copy is stored in the school office, and the relevant class teacher also has a copy. Relevant staff are trained in the actions to take with specific young people. Medical Diet Action Plans should be in place for children with allergies. 'Specific Diet Incident Reporting Process' flowchart is displayed in the main office

### **Familial Glucocorticoid Deficiency**

Familial glucocorticoid deficiency is managed in the same way as Addison's Disease. Addison's disease (also known as primary adrenal insufficiency) is a rare endocrine condition caused by failure of the adrenal glands. When this happens, the body no longer produces certain essential hormones in sufficient quantities to sustain life. The key hormones that must be replaced are cortisol and aldosterone. These are usually substituted by:

Hydrocortisone tablets, taken 2 or 3 times daily or  
Fludrocortisone tablets, taken once or twice daily

People with adrenal failure usually need to take their replacement steroid medication two to three times each day, at the right time of day, to stay well. If they do not take their medication, they may become dizzy, nauseous and forgetful within a matter of hours. Care Plans will provide specific medical information for identified children.

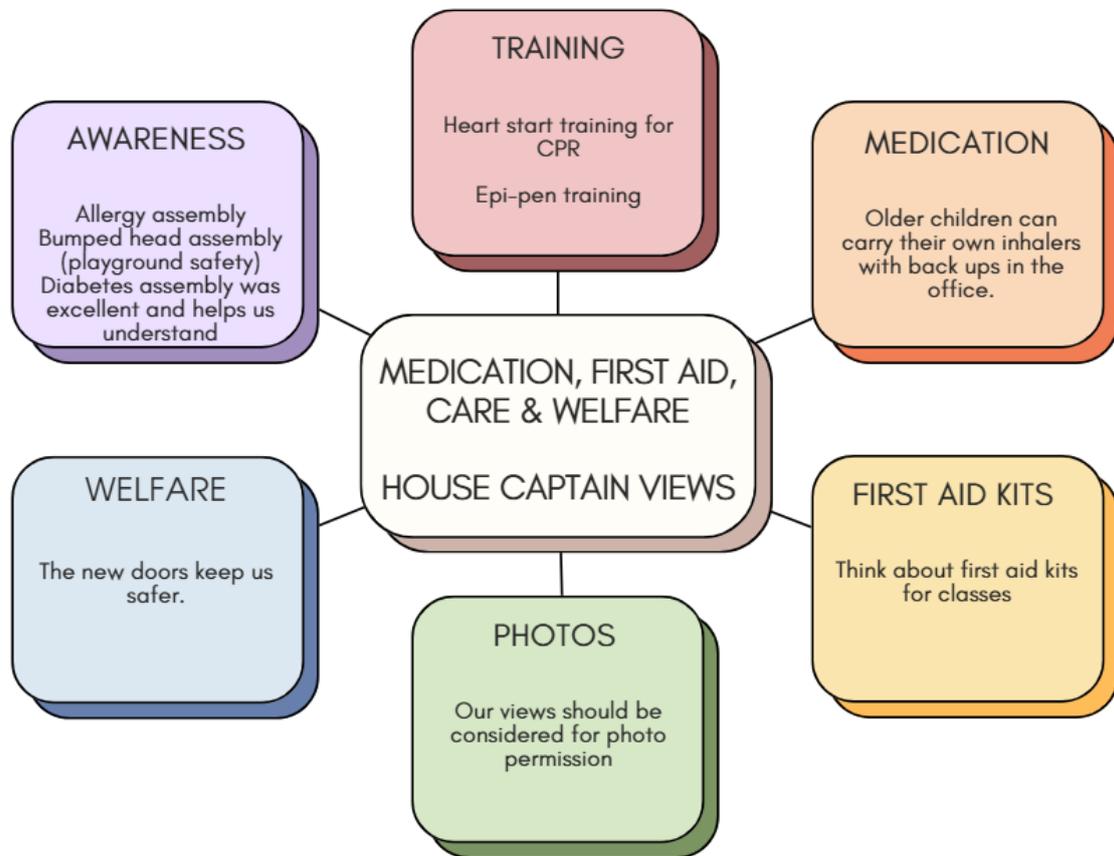
### **Useful Links/Further Reading**

The Administration of Medicines in Schools - published by the Scottish Executive provides useful background, format for consent forms, records [etc.](#)  
[www.scotland.gov.uk/library3/education/amis.pdf](http://www.scotland.gov.uk/library3/education/amis.pdf)

St Andrews Ambulance Association can provide guidance relating to content of First Aid boxes, training courses etc [www.firstaid.org.uk](http://www.firstaid.org.uk)

NHS 24 is a 24-hour telephone health advice and information service (08454 24 24 24) [www.nhs24.com](http://www.nhs24.com)

## PUPIL VIEWS (House Captains – January 2026)



## **FURTHER CARE AND WELFARE INFORMATION:**

### Head Lice

It is not practice to send home letters to parents after discovering a child has head lice. Instead, through communication with parents, they are encouraged to check their child's hair regularly.

Information leaflets are available from the school and advice offered from the school nurse. Information about this is shared with parents at induction meetings. Where there is a recurring problem, the headteacher may take the decision to write to the parents of a specific class, but this is not the norm.

### Other Care Needs

Whilst asthma and diabetes are the most common medical needs in school, some children from time to time present with other needs whether physical or medical.

These young people will be given the support required from school staff and health colleagues. These young people will have very structured care plans and will be the subject of regular discussions at review meetings and through regular informal discussion with school staff, parents and health colleagues.

### Other Medical Conditions & Infectious Diseases

See guidance on Communicable Diseases in the main office.

### Should Crisis Call

The school has guidelines in place (Should Crisis Call folder) should a serious incident occur involving the death of a pupil, family member or member of staff. The authority have identified, in conjunction with the Head Teacher, a team of professionals to support pupils, staff and families in such situations. A copy of the folder is stored in Teams, in the main office and HT office.

### Looked After & Accommodated Children

The school is fortunate to have strong links with the care and learning team, who support such pupils. Regular informal discussions and formal reviews take place, to ensure the best support possible for the children involved.

### Children With Additional Support Needs

The pupil support co-ordinator is responsible for the supports in place for all pupils with additional support needs. This is monitored closely on a regular basis. The needs and intervention for all young people is noted in the whole school overview and in individual pupil support files.

### Safe Use of The Internet

We are required to protect pupils from accessing potentially harmful information via the Internet by endeavouring to ensure that:

- Staff have read and signed the Use of the Internet Policy
- Parents and pupils have read and signed the Use of the Internet Policy.

All children and parents are made aware annually, of school guidelines in this area.

### Photographs & Recordings of Children

From time to time, photographs of children are used for a variety of reasons such as displays, publicity in the local press and on our website. Parents are made aware of this and have the opportunity to ask that their child is not included.

Staff should ensure that photographs for use on websites include groups of children and not individuals. In addition, there are times where recordings are made of children – including video and audio recordings. These are used for evidence or to celebrate events and aspects of learning. These should not be made public before permission has been received from parents and carers.

#### Staff Medical Needs

On an annual basis, staff are asked to complete a form including personal details, next of kin, contact numbers etc in case of emergencies.

It is also the responsibility of individual staff to ensure that promoted staff are aware of any medical conditions which may need attention during the course of the working day e.g.: diabetes, asthma, allergies etc.

#### Appendices Attached to Document

1	Parental Permission form for Administration of Medication at School
2	Carry Own Medication Form
3	Record of Medication Kept in School Office Form
4	Medication Checklist
5	Recording Sheet for all medical treatment/medication administered in school
6	First Aid Record
7	Review of Accidents and Incidents
8	Accident notification slip

**Policy reviewed and updated: August 2025**

**Next review: August 2026**

**Appendix 1**



**TROON PRIMARY SCHOOL**

The school will not give your child medical treatment or any medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can undertake this.

Details of Pupil

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ M  F   
Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

Instructions from parent: \_\_\_\_\_  
\_\_\_\_\_

Medication (if applicable)

Name/Type of Medication(as described on the container):

\_\_\_\_\_  
\_\_\_\_\_

Has the child taken this medication before? If so, when? \_\_\_\_\_  
\_\_\_\_\_

Does the medicine cause any side effects we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Dispensed Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Full directions when to be used: \_\_\_\_\_  
\_\_\_\_\_

Dosage \_\_\_\_\_ and \_\_\_\_\_ method:  
\_\_\_\_\_

\_\_\_\_\_

Timing:

Self Administration(where appropriate) \_\_\_\_\_ **Procedures to take in an Emergency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Parents must ensure that in date properly labelled medication is supplied.

#### Parental Contact Details

Name \_\_\_\_\_

Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.**

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

Relationship to Pupil \_\_\_\_\_

#### **Staff Use only:**

- The medical equipment/medicine for this child is stored:  
\_\_\_\_\_ and is labelled with the child's name and Date of Birth;
- Medication has the child's name, dose and appropriate dates on the container;
- The child has had this medication before, and parents confirm this will not cause any allergic reaction;
- Approval has been sought by the HT/DHT for administration of this medicine.  
Signed: \_\_\_\_\_ ( HT/DHT)
- The appropriate information leaflet accompanies the medicine;
- Instructions are more specific than "when required"
- These instructions to be reviewed after 28 days of above date; Due: \_\_\_\_\_
- Staff are appropriately trained to administer this medication;

## Appendix 2: Carry Own Medication Form

TROON PRIMARY SCHOOL

Please complete if you wish your child to carry his/her own medication.

This form must be completed by parents/carers.

Pupil's Name \_\_\_\_\_

Class \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Condition or illness \_\_\_\_\_

\_\_\_\_\_

Name of Medicine \_\_\_\_\_

Procedures to be taken in an emergency \_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_

**I would like my son/daughter to keep his/her medication on him/her for use as necessary.**

Signed \_\_\_\_\_ Date / /

Relationship to child \_\_\_\_\_



## Appendix 4: Medication Checklist

### MEDICATION CHECKLIST



#### BEFORE ACCEPTING ANY MEDICATION, ENSURE –

- The medical equipment/medicine for this child is stored and is labelled with the child's name and DOB.*
- Medication has the child's name, dose and appropriate dates on the container, and includes the information leaflet.*
- The child has had the medication before, and parents confirm that this will not cause any allergic reaction.*
- Approval has been sought by the HT / DHT for administration of this medicine.  
Signed: \_\_\_\_\_ (HT / DHT)*
- Instructions are more specific than "when required".*
- These instructions will be reviewed after 28 days of the above date and consent will be reviewed every 3 months.*
- Staff are appropriately trained to administer this medication.*







**Appendix 8:**

Your child.....  
received first aid treatment at school today as he/she

.....  
.....  
.....

Treatment administered:

Plaster	<input type="checkbox"/>
Wash/wipe	<input type="checkbox"/>
Cold compress	<input type="checkbox"/>
Other	<input type="checkbox"/>





