



Aragon Primary School

Supporting pupils with medical conditions

Templates

Date: September 2022

Review: September 2024

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates.

The templates form part of the Supporting Children with Medical Conditions Policy September 2022 and should be read with and used as advised by the policy.

Template A: child's medical healthcare needs questionnaire

In order for children with medical conditions to receive the care and/or medication they need during the school day it is essential that our records are kept up to date. Therefore, could you kindly complete the questionnaire below and return it to your child's class teacher by Friday 16th September 2022 at the latest. This will enable us to complete your child's details on our new medical platform, 'Medical Tracker' and ensure all information is accurate and up to date. It may also be necessary to discuss your child's health needs with the School Nursing service or any other health professional involved in your child's care. We would like to take this opportunity to advise you that 'Medical Tracker' is GDPR (General Data Protection Regulation) compliant.

If you have any problems filling in this form, the office staff would be happy to assist you.

Full name of child _____ Date of birth __ / __ / ____

Class name __ __

Home address

_____ Post code _____

Does your child have a medical condition or health need?

Yes No

If YES, please give details

Does your child have a medical condition or health need which requires management during the school day?

Yes No

If YES, please give details

Does your child require medication during the school day?

Yes No

If YES, please give details

Does your child have a medical health care plan that will require identification in a medical emergency?

Yes No

If YES, please give details

The above information is, to the best of my knowledge, accurate at the time of completion and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care if necessary.

Signature: _____

Print name: _____

Relationship to the child: _____

Template B: medical healthcare information

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template C: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Template D: record of medicine administered to an individual child

***Only to be used in the event of a Medical Tracker system failure.**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template F: staff training record – administration of medicines

***Only to be used in the event of a Medical Tracker system failure.**

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template G: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

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

Template H: model letter inviting parents to contribute to individual medical healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL MEDICAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual medical healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual medical healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual medical healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual medical health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

visit www.nationalarchives.gov.uk/doc/open-government-licence/version/2
email psi@nationalarchives.gsi.gov.uk

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