

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/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (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

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

Put a completed copy of this form by the telephone

Annex B: Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school/setting to administer medicine
- Form 3B:** Parental agreement for school/setting to administer medicine
- Form 4:** Head teacher/Head of setting agreement to administer medicine.
- Form 5:** Record of medicine administered to an individual child.
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record-administration of medicines
- Form 9:** Authorisation for the administration for rectal diazepam

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

These forms are downloadable as WORD documents, so that it is possible to personalise for a particular school or setting, at www.teachernet.gov.uk/medical

Dowdales School Health Care Plan Form

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 _____

Phone no. (work) _____

(home) _____

(mobile) _____

Clinic/Hospital Contact

Name _____

Phone _____

G.P.
Name _____

Phone no. _____

Describe medical needs and give details if child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

Follow up care

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

Form copied to

Signed By Parent _____

Staff training record-administration of medicines

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 (please state how often) _____

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned

Records of administration should be maintained using Form 5 or similar

Head teacher/Head of setting agreement to administer medicine

Name of school/setting _____

It is agreed that (name of child) _____ will receive (quantity and name of medicine) _____ every day at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

(Name of child) _____ will be given/supervised whilst he/she takes their medication by (name of member of staff) _____.

This arrangement will continue until (either end date of course of medicine or until instructed by parents)

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

Record of medicine administered to an individual child

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 _____ _____ _____

Parental agreement for school to supervise medicines

The school will not supervise your child's medication unless you complete and sign this form.

DOWDALES SCHOOL

Name of child _____

Date of birth _____

Group/class/form _____

Medical condition or illness _____

Medicine

Name/type of medicine _____
(as described on the container) _____

Date dispensed _____

Expiry date _____

Agreed review date to be initiated by _____

Dosage and method _____

Timing _____

Special precautions _____

Are there any side effects that _____
The school needs to _____
Know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Contact Details

Name _____

Daytime telephone No. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine personally to [agreed member of staff]

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date: _____ Signature(s) _____

