



St. Cuthbert's
Roman Catholic High School

WHOLE SCHOOL POLICY & PROCEDURES

FIRST AID & MEDICAL CONDITIONS



Mission Statement

*'The Lord God requires of us that we should help others whenever we can,
always make the right choices and be the best that we can be in everything that we do'.*

Policy: First Aid and Medical Conditions

Type: School Policy

Website: Yes

Author: T Logan

Approved: July 20

Next Review: July 21

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Delegated: Governors or Committee

Notes:

Medical Consent Forms should accompany this on the website

FIRST AID AND MEDICAL CONDITIONS POLICY

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AIMS OF THE POLICY

- **Ensure the health and safety of all staff, students and visitors**
- **Ensure that staff and governors are aware of their responsibilities with regards to health and safety**
- **Provide a framework for responding to an incident and recording and reporting the outcomes**

- St. Cuthbert's RC High School understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- This school aims to provide all children with all medical conditions the same opportunities as others at school.
- The school aims to ensure all students with medical needs are looked after and made safe at all times.
- The school aims to ensure any unforeseen medical needs are responded to quickly and effectively.
- Students with medical conditions are encouraged to take control of their condition. Students must feel confident in the support they receive from the school to help them do this.
- The school aims to include all students with medical conditions in all school activities.
- Parents and carers of students with medical conditions should feel secure in the care their children receive at this school.
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff should feel confident in knowing what to do in an emergency.
- The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on students.
- The medical conditions policy is understood and supported by the whole school and local health community.

2 LEGISLATION & GUIDANCE

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of students
- [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions. It is also based on the Department for Education's statutory guidance: [Supporting students at school with medical conditions](#).

3 ROLES & RESPONSIBILITIES

3.1 Appointed person(s) and first aiders

The school's appointed person is the Student Health and Wellbeing Officer. Along with the trained first aiders they are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

To provide students with any required first aid response, issue & supervise the taking of any prescribed medication and assist students on crutches First aiders are trained and qualified to carry out the role (see section 7) 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 (see the template in appendix 2)
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.2 The local authority and governing board

Rochdale LA has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board. The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The governing board

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

3.4 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- 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
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that 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 HSE when necessary (see section 6)
- To provide the required time, staffing, training and resources to ensure all medical procedures can be followed

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

- Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.6 Students

- To hand in any notes and medication and to use first aid only when necessary.
- Students with medical conditions will often be best placed to provide information about how their condition affects them.
- Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- They are also expected to comply with their IHPs

3.7 Parents

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

4. SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

- When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.
- Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms. This information is then recorded on the school's SIMS system.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school. See Appendix 3.

4.1 Individual Healthcare Plans

Plans will be reviewed at least annually, or earlier if there is evidence that the students' needs have changed.

Plans will be developed with the students best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and Well-being Officer will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. 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, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student the designated individuals to be entrusted with information about the student's condition. Medical files will be kept centrally in the Student Support Office and staff will be informed on a need to know basis.
- What to do in an emergency, including who to contact, and contingency arrangements
- Medical briefings will be delivered to appropriate staff members throughout the year to inform staff of students' individual needs

4.2 Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the students without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Any prescribed medication that a student must take needs to be handed in to the Student Support Office and the medication taken there in a supervised environment. Parents must complete a medication administration consent form containing instructions with the medication if they wish school staff to issue it.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.
- If a student refuses to take their medication school will not attempt to force them. We will contact home as a matter of urgency and if necessary contact emergency services.
- If a student suffers regularly from acute pain e.g. migraines then parents should supply school with appropriate pain killers and with instructions for use. Parents will be contacted when these are used.
- Students suffering from asthma should carry their own inhaler but spare inhalers are requested to be stored in school. Students that suffer with allergies and require an EpiPen should carry one on their person at all times. A spare EpiPen should be stored in the Student Support Office.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

4.3 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession in the form of an EpiPen if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

4.4 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

4.5 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

5. FIRST AID & STUDENT ILLNESS

5.1 Students becoming ill during the school day.

- If a student becomes ill during the school day they must report to the Student Support Office. The Pastoral First Aider will make a judgement as to the extent of the illness. If the student demonstrates signs they are well enough to continue in school they will remain and be monitored for the day. If the illness appears to be severe then we will contact home to arrange for them to leave.
- If school determines that a student is too unwell to remain in school parents will need to make arrangements for the student to go home. If parents/carers cannot be contacted we will try all contacts on the list. It is essential for the well-being of students that someone can be contacted at any time. We will not allow very ill students to go home unaccompanied.
- In rare circumstances school will contact emergency services if a student appears extremely unwell and either we cannot make home contact or get agreement for parents / carers to take a student to hospital.

First aid

5.2 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives

- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the student health and wellbeing officer or first aider will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

5.3 FIRST AID EQUIPMENT

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits. First aid kits are stored in:

- The medical room
- Reception (at the desk)
- The pastoral Office
- The PE Office
- Science labs
- The school kitchens

6. RECORD-KEEPING AND REPORTING

First aid and accident record book

- An accident log 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, including all of the information included on the medical event tab on SIMS
- Records held in the first aid 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.

6.1 Reporting to the HSE

The Site manager in charge of Health and Safety 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).

The Site manager in charge of Health and Safety will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 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
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools 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

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

[How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

6.2 Notifying parents

The first aider will inform parents of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.3 Reporting to Ofsted and child protection agencies

The DSL / Deputy DSL will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The DSL / Deputy DSL will also notify RBSCB of any serious accident or injury to, or the death of, a student while in the school's care.

6.4 Students on crutches (see appendix 4)

- Students on crutches will go to the Student Support Office at the beginning of the day.
- Students will be given an early pass and lift pass.
- Students will go to their lessons five minutes early to avoid busy corridors.
- Students should keep their crutches with them at all times.
- If students are unable to use the stairs in an emergency a PEEP plan will be implemented.
- In the case of an emergency the student will go to the emergency points located on each floor of the building on which side is nearest and wait for a member of staff to bring them down the stairs in an Evac chair.
- All class teachers will be made aware of the procedure.

7. STAFF TRAINING & AWARENESS

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.

- All staff at this school are aware of the most common serious medical conditions at this school.
- Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- All staff who work with groups of students at this school receive training and know what to do in an emergency for the students in their care with medical conditions.
- Training is refreshed for all staff at least once a year.
- Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including planning rooms, kitchens and the staff room.
- The school uses Medical Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.

All staff understand and are trained in the school's general emergency procedures.

- All staff know what action to take in the event of a medical emergency. This includes
 - how to contact emergency services and what information to give
- All members of staff can contact the emergency services if required to do so.
- They should have relevant information about the individual's symptoms, personal details, any known medical conditions, who to contact within the school.
- In the event of an emergency a member of SLT should be notified immediately who should coordinate the process ensuring:

- That the emergency services have been called.
- The individual's medical record is checked and any Medical Plans are readily available
- Personal details are available and parents / carers are notified of the emergency
- That the main reception is notified and the estates team prepared for the arrival of the emergency services. Training is refreshed for all staff at least once a year.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.
- Generally, in an emergency situation, staff should not take students to hospital in their own car. Advice should be sought directly from the emergency services. In exceptional circumstances guidance should be sought from the Head teacher.
- Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.
- All school staff are able to undertake first aid training if they would like to.
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).
- Staff are encouraged to renew their first aid training when it is no longer valid.

8. RESIDENTIAL VISITS

- Parents are sent a residential visit form to be completed which should be returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.
- All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's Medical Plan.
- All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- The residential visit form also details what medication and what does the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.
- When taking students off the school premises, staff will ensure they always have the following:
 - A school mobile phone
 - A portable first aid kit
 - Information about the specific medical needs of students
 - Parents' contact details

Risk assessments will be completed by the Assistant Headteacher (responsible for risk assessments) prior to any educational visit that necessitates taking students off school premises. There will always be at least one first aider on school trips and visits

9. LIABILITY AND INDEMNITY

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Under the Public Liability Policy St Cuthbert's is covered for administering medicines as long as the procedures for gaining Parental Consent have been followed. The details are as follows:-

Type of Insurance: Public Liability

Limit of Indemnity: £50,000,000 any one occurrence Insurers:

QBE UK Limited Policy Number: Y118382QBE0120A

Period of Insurance 01/06/2020 – 31/05/2021

Our Employers Liability details are as follows:-

Type of Insurance: Employer's Liability Limit of Indemnity: £50,000,000 any one occurrence Insurers:

QBE UK Limited Policy Number: Y118382QBE0120A

Period of Insurance: 01/06/2020 – 31/05/2021

9.1 Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Well-Being Officer/Head of Year/Assistant Head Pastoral in the first instance. If the Well-Being Officer/Head of Year/ Assistant Head Pastoral cannot resolve the matter, they will direct parents to the school's complaints procedure.

10. MONITORING

This policy will be reviewed by the Assistant Headteacher (Pastoral) and approved by the governing board annually.

11. ASSOCIATED POLICIES & DOCUMENTATION:

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

APPENDIX 1: LIST OF TRAINED FIRST AIDERS

Staff member's name	Role	Contact details
K Fairbrother	Student Health and Wellbeing Officer	
M Royle	Pastoral Support	
D Miller	Site manager – Health & Safety	
M Miller	Pastoral Support	
R Barlow	Science HLTA	
C Turner	Science Technician	
J Ward	Data Manager	
M Duffin	Teacher	
K Cowley	Teacher	
V Didyk-Wild	Teacher	
H Santana	Teacher	
A Hall	Teacher	
L Kershaw	Inclusion manager	
J Rogerson	Head of PE	
D Ayres	PE Teacher	
M Monks	PE Teacher	
D McLachlan	PE Teacher	
J Holt	Assistant Headteacher	

APPENDIX 2: FIRST AID TRAINING LOG

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>E.g. first aid</i>			
<i>E.g. paediatric first aid</i>			
<i>E.g. anaphylaxis</i>			

Appendix 3: Individual Healthcare Plan



St. Cuthbert's
Roman Catholic High School

Individual Health Care Plan (For students with medical / or physical conditions)

Student Information	
Name of school	St Cuthbert's RC High School
Student name	
DOB	
Member of Staff responsible	K.Fairbrother
Family Name / Relationship to student	
Address	
Contact phone number	
GP Name and Phone Number	
Specialist Health Staff	

Medical Information
Name of Medical Condition:
Signs and symptoms:
Triggers or things that make this student's condition/s worse:

Routine Healthcare Requirements:
During School hours:
Outside School Hours:
What to do in an emergency:
Action to be taken:
Follow up care:
Equipment: (dealing with and disposing of equipment after use)
Disposal of Waste: (waste needs to be considered in a risk assessment, staff need to be protected from body fluids/products.)
Specialist Storage facilities required:

School Staff Training:		
Names:	Date of training:	Training received from:

<p>Date Health Care Plan Completed:</p> <p>Review Date:</p> <p>Copies to : Parent Health Care Practitioner School staff Other</p>

Appendix 4: Parental agreement for students on crutches

PARENTAL AGREEMENT FOR STUDENTS ON CRUTCHES

In order to ensure the absolute safety of any students on crutches, whilst attending St. Cuthbert's R.C. High School it is essential that the following procedures are adhered to at all times:

- Students only move between areas during the five minute early window.
- Students remain seated in an area when instructed to do so.
- Students follow all instructions without question as their safety and the safety of others may depend upon it (e.g. in the event of an evacuation or congestion).
- Students inform school if they have a problem or something happens regarding their injury.

Signed:

Date:

Parent/Carer Name:

Student Name:.....