

## Royds Hall Community Academy- School Medical Care plan

### Student information:

<b>Student name:</b>	
<b>Date of birth:</b>	
<b>Form group:</b>	

### Overview of pack:

The Board of Governors and staff at Royds Hall Community School wish to ensure that students with medical needs or conditions receive appropriate care and support from the school at all times.

The Head will accept responsibility in principle for members of the school staff giving, assisting or supervising students when taking prescribed medication during the school day. Only trained and appropriate members of staff will do so.

Please refer to our 'Supporting students at school with medical conditions and needs' policy. This can be found on the school's website.

Please **complete all of the appropriate sections** within this pack and **return to the school as soon as possible**.

**Please read the following statements listed below and sign at the bottom of this section to indicate that you have read and understood Royds Hall Community Academy's policies for student's medication.**

1. Parents/carer or relevant person are responsible for providing the School with comprehensive information regarding the student's condition and medication.
2. Prescribed medication will not be accepted in school without complete written and signed instructions from a parent, carer or relevant person.
3. Staff will not give students un-prescribed medication unless a parent, carer or relevant person has provided written and signed permission.
4. Only a reasonable supply of medication should be provided to school (eg. only a six-week supply at one time). Any additional medication will be returned to parents/carer or relevant persons.
5. Where a student travels to school on public transport with an escort, written instructions and guidance relating to the student's medication should be provided to the escort by parents/carer or relevant persons.
6. All medication should be delivered to school by a parent/carer or relevant persons in a secure and labelled container as it was originally dispensed. **School will not accept medication in unlabelled containers or packaging.**



7. Medication will be kept in a secure and locked cabinet out of reach of students, unless otherwise stated.
8. If students refuse to take medication, staff will not force them to do so. The School will inform parents when students have refused to take medication. If refusal to take medication results in an emergency, then the schools emergency procedure will be followed.
9. It is the parent/carer or relevant person's responsibility to inform the school when a student's medication has ceased or changed.
10. It is the parent/carer or relevant person's responsibility to renew a student's medication, ensure that the school has sufficient supplies and that medication is in date and fit for purpose.
11. The school will not make changes to dosage of medication unless informed to do so in writing by a parent, carer or relevant person.
12. For students with long term or complex medical needs, the Headteacher will ensure that a 'Care Plan' and protocol is drawn up.
13. Where it is appropriate to do so, students will be encouraged and supported to administer their own medication under staff supervision.
14. All staff receive correct and appropriate training when assisting, supervising and administering medication.
15. When students are away from school staff will, whenever possible, ensure the administration of medication is not disrupted. The school cannot guarantee that students away from the school premises will always have supervision.
16. All staff are aware of the school's processes and procedures in the event of an emergency.

**Declaration** (please sign when you have read the statements above):

<b>Print name</b> (parent/carer/persons):	
<b>Signed:</b>	
<b>Relationship to student:</b>	
<b>Date:</b>	



### Section One- Permission and consent declaration

Please complete the following consent declaration if your child has a **general** medical condition or need:

Statement:	Tick/Cross:
I give consent for my child to be given medication by trained staff at Royds Hall Community School for their medical condition or need.	
I have read and signed the school's policy and procedures (listed above) and read the schools 'Supporting Students at School with Medical Conditions and Needs' Policy.	

Please complete the following consent declaration if **your child has asthma**, or requires any form of inhaler as a form of medication:

Statement:	Tick/ Cross:
I give consent for my child to be given medication by trained staff at Royds Hall Community School for their medical condition or need.	
I have read and signed the school's policy and procedures listed above) and read the schools 'Supporting Students at School with Medical Conditions and Needs' Policy.	
I give consent for my child to be administered an emergency inhaler by trained staff if required.	

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	



## Section 2- Individual Student Care Plan

Please complete all of the boxes below and return to school. If your child has any changes to their medical condition or needs, please complete a **new** form and resubmit this to the school.

### Student information:

<b>Name:</b>	
<b>Date of birth:</b>	
<b>Form:</b>	
<b>Address:</b>	
<b>Information regarding medical diagnosis/condition:</b>	

### Contact details:

<b>Name:</b>	
<b>Relationship to student:</b>	
<b>Telephone number:</b>	
<b>GP/Hospital details (contact name and number):</b>	

### Student medical needs:

<b>Medical needs and symptoms:</b>	
<b>Daily care requirements:</b>	
<b>Actions to take in an emergency:</b>	



### Section 3- Medical Condition or Need Information

Please complete all of the boxes below and return to school. If your child has any changes to their medical condition or needs please complete a **new** form and resubmit this to the school. Please complete this for all kinds of conditions including life threatening and chronic conditions.

**Please describe your child's medical condition or need, including symptoms:**

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**Please describe any triggers that may make your child's condition worse:**

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**Please describe any daily care requirements/specialist arrangements:**

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**Please describe what constitutes an emergency for the child, and actions to take (including follow up care):**

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**Who is responsible in the event of an emergency:**

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## Section 4- General Medication Information

Please complete all of the boxes below and return to school. If your child has any changes to their medical condition or need please complete a **new** form and resubmit this to the school. Please complete a form for **each** type of medication that your child requires.

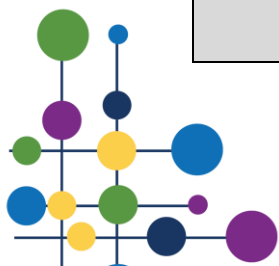
<b>Name and type of medication:</b>	
<b>Dose of medication and method of administration:</b>	
<b>When to be taken (amount and advised times throughout the day):</b>	
<b>Potential side effects:</b>	
<b>When should the medication <u>not</u> be administered:</b>	
<b>Can the child self-administer medication, if yes, please state:</b>	
<b>Do staff require specific training to assist in administration:</b>	
<b>Additional information:</b>	



## Part 5- Emergency Situation Medication

Please complete all of the boxes below and return to school. If your child has any changes to their medical condition or need please complete a **new** form and resubmit this to the school. Please complete a form for **each** type of medication that your child requires.

<p><b>Please list the actions to be taken in an emergency:</b></p>	
<p><b>Name and type of medication:</b></p>	
<p><b>When should this medication be administered (please describe situation):</b></p>	
<p><b>Dose and method of administration:</b></p>	
<p><b>Potential side effects:</b></p>	
<p><b>When should the medication <u>not</u> be administered:</b></p>	
<p><b>Can the child self-administer medication, if yes, please state:</b></p>	
<p><b>Do staff require specific training to assist in administration:</b></p>	
<p><b>Additional information:</b></p>	



## Part 6- Information sheet for child's GP/Hospital/Consultant/Dietician

Please send this form to your child's GP/Hospital/Consultant/Dietician. The information is required to enable childcare providers to put appropriate arrangements in place to ensure the health and safety of your child. Please complete this form, if your **child has chronic, acute or potentially life threatening medical conditions** and return this form to school as soon as possible.

<b>Students name:</b>	
<b>Date of birth:</b>	
<b>Medical condition:</b>	
<b>Mild symptoms:</b>	
<b>Moderate symptoms:</b>	
<b>Severe symptoms:</b>	
<b>Potential reactions to medication:</b>	
<b>Can the child self-administer medication, if yes, please state:</b>	
<b>Do staff require additional training to help administer medication:</b>	

<b>Name of GP:</b>	
<b>Signed:</b>	
<b>Date:</b>	
<b>Next review date:</b>	

<b>Which childcare providers will receive this form (please list all below):</b>

\*Please note, this form is used to provide information to childcare providers for all students with chronic, acute or potentially life threatening conditions, including but not restricted to: Epilepsy, Diabetes, Asthma, Allergies. This information will be shared with parents of the child. Childcare providers include, but are not restricted to: Playgroups, Before and After School Clubs, Childminders and Young Person Schemes.

