



First Aid & Administration of Medicines Policy

Canary Wharf College, East Ferry

May 2026

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
May 2025 1.1	All	Reformat
May 2026 1.2	6.13 6.13	Amended SIMs to Arbor Amended IHCP to IHP

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1. Definitions

The "Trust" refers to the company known as the Canary Wharf College, and all Trustees and Staff who work within it.

A "School" refers to an individual academy within the Trust, as denoted by their Unique Reference Number. As such a 'school' may span one or several phases of education to the individual academies within the Trust. Depending on the context, the term "School" may refer to a singular school or to all schools within the Trust but as separate entities.

"Staff" refers to any individual who is employed by the Trust or who operates on the Trust's behalf, e.g. Trustees, and those working in a voluntary capacity.

A "Parent" includes the natural or adoptive parent of a pupil as well as any non-parent / carer who has parental responsibility including being involved in the day-to-day care of a pupil.

A "Pupil" includes any incoming or current pupil at any School within the Trust who is 16 and under. It also includes any individual who was previously a pupil at any School within the Trust and who has left within the appropriate timeframe for consideration as necessary, e.g. complaints. The term pupil is used as standard by CWC in its policy documents but can be replaced with the term "student" or "child" with no change of definition.

"Child" and "Youth" includes everyone aged 18 and under.

The "Principal" is defined as the individual who has ultimate responsibility for a school in line with CWC strategy, approach, ethos and values. Individual schools may have alternative titles for this position such as Executive Principal or Principal.

2. Scope of Policy

The Board of Trustees believe that ensuring the health, safety and welfare of staff, students and visitors is essential to the success of the school.

We are committed to:

- Complete first aid needs risk assessments for every significant activity carried out.
- Providing adequate provision for first aid for students, staff and visitors.
- Ensuring that students and staff with medical needs are fully supported at school, and suitable records of assistance required and provided are kept.
- First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.



We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the school is appropriately insured, and that staff are aware that they are insured to support students in this way.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a Control of Infections Policy which may also be relevant, and all staff should be aware of.

3. Policy Aims and Ethos

This policy has safety as its highest priority: safety for the students and adults receiving first aid or medicines and safety for the adults who administer them

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Board of Trustees for acceptance.

4. Links to Legislation

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The H&S lead in the school will keep under review to ensure links are current.

- HSE
<https://www.hse.gov.uk/>
- The Health and Safety (First Aid) Regulations 1981
<https://www.legislation.gov.uk/uksi/1981/917/regulation/3/made>
- Department for Education and Skills
www.dfes.gov.uk
- Department of Health
www.dh.gov.uk
- Disability Rights Commission (DRC)
www.drc.org.uk
- Health Education Trust
<https://healtheducationtrust.org.uk/>
- Council for Disabled Children
www.ncb.org.uk/cdc
- Contact a Family
www.cafamily.org.uk



Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/information-and-advice/for-school/academys>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- Cystic Fibrosis Trust
www.cftrust.org.uk
- Diabetes UK
www.diabetes.org.uk
- Epilepsy Action
www.epilepsy.org.uk
- National Society for Epilepsy
www.epilepsysociety.org.uk
- Hyperactive Children's Support Group
www.hacsg.org.uk
- MENCAP
www.mencap.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/

5. Roles & Responsibilities

5.1 The Board of Trustees

- The Board of Trustees has ultimate responsibility for health and safety matters - including First Aid in the school.
- Ensure the first aid needs risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.
- Provide first aid materials, equipment and facilities according to the findings of the risk assessment.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

5.2 The Principal

- To carry out a first aid needs assessment for the school site, review annually and/or after any significant changes.
- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school and that their names are prominently displayed throughout the school.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- 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 Health and Safety Executive (HSE), when necessary.

5.3 The Senior First Aider/Nurse/Healthcare Professional

- Ensure that students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- Work with the Principal to determine the training needs of school staff, including administration of medicines.
- Administer first aid and medicines in line with current training and the requirements of this policy.
- Periodically check the contents of each first aid box and any associated first aid equipment (e.g. Defibrillators) and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- Assist with completing accident report forms and investigations.
- Notify manager when going on leave to ensure continual cover is provided during absence.



5.4 Appointed person(s) and first aiders

The appointed persons 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

First aiders are trained and qualified to carry out the role 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.
(First Aiders list Appendix 10)
- 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.
- Keeping their contact details up to date.

5.5 Mental Health First Aider

The appointed persons are responsible for:

- Provide mental health first aid as needed, at their level of competence and training.
- Providing help to prevent mental health issues from becoming more serious before professional help can be accessed
- Promoting the recovery of good mental health
- Providing comfort to an individual with a mental health issue
- also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- Escalate and document any matters if required within a suitable timeframe.
- Ensure they maintain confidentiality as appropriate.
- Be carried away from their normal duties at short notice
- Listen non-judgmentally

5.6 Staff Trained to Administer Medicines

Members of staff in the school who have been trained to administer medicines must ensure that:

- Prescribed/non prescribed medicines are administered and that the trained member of staff is aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- Wherever possible, the student will administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, the trained staff member will administer the medicine.
- If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- Records are kept of any medication given.



5.7 Other Staff

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are and contact them straight away.
- Completing accident reports for all incidents they attend to where a first aider is not called.
- Informing the Principal or their manager of any specific health conditions or first aid needs.

6. Arrangements

6.1 First Aid Boxes & Medication

The first aid posts are located in: **The Medical room, ground floor**

Students' medication is stored in:

- The cupboard above the sink in their classroom
- The Medical room, ground floor (spare medication)

6.2 First Aid Needs Risk Assessment

- The school will ensure a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.
- The school will ensure this assessment is reviewed when significant changes occur.
- A sufficient number of staff will be trained in First Aid At Work and/or Emergency First Aid At Work as per the outcome of the first aid risk assessment. Re-fresher training will be provided as required.
- A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within student's individual health care plans.

6.3 Early Years Requirements

- The school ensures first aid requirements set out in the statutory framework for early years foundation stage are in place.
- The school ensure enough paediatric first aiders are in place as per the school's first aid needs risk assessment and early years requirements.
- The school will ensure all staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios at level 2 or level 3 in an early years' setting.
- The school will ensure paediatric first aid training is renewed every 3 years.



6.4 First Aid Provision

In the case of a student accident, the procedures are as follows:

- The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first-aid post and calls for a first aider
- The first aider administers first aid and records details in the Medical Tracker.
- If the child has had a bump on the head, an email must be sent to the parent via the Medical Tracker and a phone call made to the parent/carer.
- Full details of the accident are recorded in the Medical Tracker
- If the child has to be taken to hospital or the injury is 'work-related' then the accident is reported to the Board of Trustees.
- If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer Board of Trustees.

6.5 Insurance Arrangements

The Trust is covered by The Department for Education's risk protection arrangement (RPA)

6.6 Educational Visits

- In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- In the case of **day visits** a trained First Aider will carry a travel kit in case of need.
- Where identified within an educational visits First Aid Needs Assessment, the Lead First Aider will arrange for additional equipment such as epi-pens, inhalers as relevant to health care plans.

6.7 Administering Medicines

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prescribed medicines may be administered in school (by a staff member appropriately trained) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a student refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office. Staff will ensure that records are kept of any medication given. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken.

Non-Prescribed medicines may be taken providing parent/carer has signed the 'parental agreement for school to administer medication' form and provided time and dosage to be given, although this should only happen if it would be detrimental to the student's ability to remain at school.(Appendix 3)



6.8 Storage and Disposal of Medicines

Wherever possible, students will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

Asthma inhalers and Epi-pens will be held by the school for emergency use, as per the Department of Health's protocol.

When medication is no longer required, suitable disposal will be arranged, or medication will be collected by parents

6.9 Accidents/Illnesses requiring Hospital Treatment

If a student has an incident, which requires urgent or non-urgent hospital treatment, The school will be responsible for calling an ambulance in order for the student to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if required.

Parents will then be informed, and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

6.10 Allergies

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

Arrangements are in place for whole-school awareness training on allergies.

Allergy Awareness is covered in depth in the Allergy Awareness policy that supports this First Aid & Administration of Medicines policy.



6.12 Defibrillators

Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

Procedures are in place to maintain the equipment in accordance with manufacturers recommendations.

The equipment is regularly checked by the premises team member on site.

The school has procured defibrillator's which is located in the following locations:

- **Main Entrance**

6.13 Students with Special Needs – Individual Healthcare Plans (IHP) and Health and Care (EHC) plans.

Some students have medical conditions or special educational needs (SENs) that, if not properly managed, could limit their access to education. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

Such students are regarded as having special needs. Most students with special needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable students with special needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with special needs are included.

The school will not send students with special needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Individual health care plans (IHP) and Education, Health and Care (EHC) plans will help the school to identify the necessary safety measures to support students with special needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment. Not all pupils with a special need will require an IHP or EHC. It will be agreed with a healthcare professional and the parents when an IHP or EHC would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision. Where a student has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHP.

Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition or special educational needs. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for school staff.



The procedure that will be followed when the school is first notified of a student's medical condition or special educational needs:

- Information will be added to Medical Tracker/Arbor
- Care plan must be in place
- Medication stored in classroom/medical room
- Teachers informed (medical poster)

This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

The procedure that will be followed annually or when there is a significant change in a student's medical condition or special educational needs:

- Request update IHP annually
- Ensure medication is up to date
- Amend Medical Tracker
- Inform all members of staff (medical poster)

6.14 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999).

Each student's IHP will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

6.15 Accident Recording and Reporting

First aid and accident recording:

- An accident form will be completed on Medical Tracker by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. A copy will be emailed or printed out and sent to parents.
- As much detail as possible should be supplied when completing the accident form – which must be completed fully.
- A copy of the accident report form will be available on Medical Tracker.
- Records held on Medical Tracker 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.

6.16 Reporting to the HSE

The Principal/Director of H&S 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 Principal will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 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 been done. Examples of near-miss events 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: <http://www.hse.gov.uk/riddor/report.htm>

6.17 Notifying parents

The first aider who has administered the first aid check will inform the parent/carer of any accident or injury sustained by the student, and any first aid treatment given or if the student refused to have first aid assistance, on the same day.

6.18 Reporting to Ofsted and child protection agencies

Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Principal will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.



6.19 Mental Health First Aid

The school is committed to ensuring mental health first aid is provided to staff. A mental health first aider's role in the school is to act as the first point of contact for people with mental health issues, providing support and guidance to staff. The school's mental health first aiders will also act as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.

The school mental health first aiders are here to support individuals who are struggling with mental health. They have been trained to actively listen without judgment and signpost staff to appropriate services where necessary.

The school recognises that respecting the privacy of information relating to individuals who have received mental health first aid or may be experiencing a mental health problem or mental health crisis at work is of high importance.

All mental health first aiders and human resources representatives are obligated to treat all matters sensitively and privately in accordance with the school's confidentiality policy.

Where a mental health first aider assesses there is a risk of harm to another individual, they must escalate the matter to HR/Line Manager who will advise on the next steps to be taken.

All staff are encouraged to speak to a mental health first aider at any time should they feel they may be developing a mental health problem, experiencing a worsening of an existing mental health illness or experiencing a mental health crisis.

If at any time a member of staff forms a belief that another colleague may be developing a mental health problem, suffering from a mental illness or experiencing a mental health crisis, they should contact a mental health first aider or HR/Line Manager.

The school ensures all staff have access to supporting documents and information. All staff are encouraged to access this information at any time by accessing Medical Tracker

7. Conclusions

This First Aid and Medicine policy reflects the school's serious intent to accept its responsibilities in all matters relating to the management of first aid and the administration of medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

The storage, organisation, and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

8. Appendix 1: 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 address*)

3. State that the postcode is:

4. Give exact location in the school (*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 the casualty

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

Put a completed copy of this form by the telephone.

9. Appendix 2: Health Care Plan

School	Student Name & Address
Date of Birth	Class
Medical Diagnosis	Triggers
Who needs to know about the student condition and what constitutes an emergency?	Action to be taken in emergency and by whom
Follow Up Care	GP Details Name Number
Family Contacts Names Telephone Numbers	Clinic/Hospital Contacts Name Number
Description of medical needs and signs and symptoms	Daily Care Requirements
Who is Responsible for Daily Care	Transport Arrangements <i>(If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles)</i>
School Trip Support/Activities outside school hours (e.g. risk assessments, who is responsible in an emergency)	Form Distributed To
Date:	Review Date: This will be reviewed at least annually or earlier if the child's needs change
Arrangements that will be made in relation to the child travelling to and from the school. <i>If the student has life-threatening condition, specific transport healthcare plans will be carried on vehicles:</i>	



10. Appendix 3: Parental Agreement to administer medicine

One form to be completed for each medicine.

The school will not give your child medicine unless this form is fully completed and signed.

Name of child: _____

Date of Birth: _____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

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

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
school should know about? _____

Self-administration: Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____ Relationship to child _____

Daytime telephone no. _____

Address _____

I understand that I must deliver the medicine safely to school office.

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

Parent/Carer's signature _____ Print Name _____

Date _____



11. Appendix 4: Record of regular medicine administered to an individual child (Parts A and B)

11.1 Part A - Parent/Carer Authorisation

Name of child _____

Date of medicine provided by parent____/____/____

Group/class/form _____

Name and strength of medicine _____

Quantity returned home and date _____

Dose and time medicine to be given_____

Staff signature _____

Signature of parent _____

11.2 Part B: Records

Name of child _____

Name and strength of medicine _____

Dose and time medicine to be given * _____

Check the medication given coincides with the information stated on Part A.

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Date	___/___/___	___/___/___	___/___/___
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

12. Appendix 5: Administration of medication during seizures

INDICATION FOR ADMINISTRATION OF MEDICATION DURING SEIZURES

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents' consent. Only staff trained to administer seizure medication will perform this procedure. All seizures requiring treatment in school will be recorded. These criteria will be reviewed annually unless a change of recommendations is instructed sooner.

This information will not be locked away to ensure quick and easy access should it be required.



13. Appendix 6: Seizure Medication Chart

Name: _____

Medication type and dose: _____

Criteria for administration: _____

[illegible]

14. Appendix 7: EpiPen® Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

PHOTO

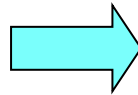
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

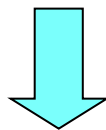
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTION

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until the ambulance arrives.
7. Place used EpiPen® into a container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Principal: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check expiry date of EpiPen® every few months

15. Appendix 8: ANAPEN® Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

PHOTO

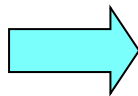
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

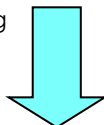
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTION

1. Get _____ ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay child on floor.
3. Take ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until an ambulance arrives. Accompany the child to the hospital in the ambulance.
8. Place used ANAPEN® into a container without touching the needle.
9. Contact parent/carers as overleaf.

16. Appendix 9: Note to parent/carer for medication given

Note to parent/carer.

Name of school	_____
Name of child	_____
Group/class/form	_____
Medicine given	_____
Date and time given	_____
Reason	_____
Signed by	_____
Print Name	_____
Designation	_____

17. Appendix 10: First Aiders

No	Name	Surname	Name of Training Course	Date	Expiry date
1	Christina	Adedeji	Paediatric First Aid	19/10/2023	18/10/2026
2	Rocio	Valenzuela	Paediatric First Aid	31/08/2023	30/08/2026
3	Sandra	Escorcio	Emergency First Aid	31/08/2023	30/08/2026
4	Rebecca	Preston	Paediatric First Aid	31/08/2023	30/08/2026
5	Melisa	Akis	Paediatric First Aid	26/04/2024	25/04/2027
6	Sabrina	Prasad	Paediatric First Aid	26/04/2024	25/04/2027
7	Bushra	Mohammad	Paediatric First Aid	26/04/2024	25/04/2027
8	Tahera	Rahat	Paediatric First Aid	26/04/2024	25/04/2027
9	Shannon	Palmer-Mutlu	First Aid at Work & Paediatric/EYFS	05/06/2024	04/06/2027
10	David	Thomas	Paediatric First Aid	25/10/2024	24/10/2027
11	Jakirul	Tafadar	Paediatric First Aid	25/10/2024	24/10/2027
12	Ellie Jo	Tucker	Paediatric First Aid	25/10/2024	24/10/2027
13	Toni	Barrow	Paediatric First Aid	25/10/2024	24/10/2027
14	Gabriella	Kusi-Appiah	Paediatric First Aid & Emergency First aid	23/11/2024	22/11/2027
15	Thais	Mellinger	Paediatric First Aid	25/10/2024	24/10/2027
16	Anastas	Odysea	Emergency First aid	16/12/2024	15/12/2027
17	Kellyann	Elsley	Paediatric First Aid	28/03/2025	27/03/2028
18	Bethan	Cotton	Paediatric First Aid	10/10/2025	09/10/2028
19	Olivia	Reynolds	Paediatric First Aid	10/10/2025	09/10/2028
20	Arzu	Ozicer	Paediatric First Aid/ EYFS	10/06/2025	09/06/2028
21	Ummi	Hussain	Paediatric First Aid/EYFS	10/06/2025	09/06/2028
22	Fahmida	Begum	Paediatric First Aid/EYFS	10/06/2025	09/06/2028
23	Shadman	Ilham	Paediatric First Aid	15/01/2026	14/01/2029