

Appendix A – Whiteley Primary School – Health Questionnaire

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address.....

Does your child have a medical condition/ health concern?

YES NO

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES NO

If YES please give details

Does your child take medication during the school day?

YES NO

If YES please give details

Does your child have a health care plan that should be followed 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 writing 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.

Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

Dear Parent/Carer,

Thank you for informing us of your child's medical condition. Our policy for supporting pupils at school with medical conditions is available on the school website for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual 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 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. (Please note that in most cases, children with asthma can be dealt with using our standard care plan, based on NHS advice regarding use of inhalers.)

In order to start the process of agreeing a care plan, please contact Mrs Julie Ward in the school office who oversees the day-to-day management of care plans. A meeting may be set up involving Mrs Victoria Skipp, our inclusion manager. We may also invite health care professionals involved in your child's care or the school nursing service. Attached to this letter is a template of the individual healthcare plan. It would be helpful if you could consider the headings listed prior to any meeting. If you are unable to attend a meeting at school, please return the individual healthcare plan template completed as soon as possible so that Mrs Skipp and Mrs Ward can consider your input for developing a plan for your child in school. They are also happy to speak to you by phone if this would be helpful.

If an individual healthcare plan is deemed necessary, you will be provided with a copy and asked to sign a form to show your agreement with the contents. Please let us know if at any time your child's healthcare requirements change.

Yours sincerely,

Lesley Pennington - Headteacher

Appendix C - Individual Healthcare Plan

Name of school/setting	Whiteley Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
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

--

Date plan shared with parents

(Face to face meeting / phone call / HCP sent home)
--

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 (delete/add as appropriate)



Individual Healthcare Plan – Parent Acknowledgement

I confirm that I have been provided with a copy of the health care plan for my child _____, and that to the best of my knowledge, the contents are accurate and appropriate for my child.

Should my child's health condition change before the next school review of the plan, I will undertake to contact the school to discuss any revisions that may be needed. I understand that the school may seek advice from the school nursing team or other health professionals in devising or revising this plan.

Signed _____

Date _____

Print name _____

Relationship to child _____

Appendix G – Letter and Consent for Emergency Inhaler Use

Dear Parents/Carers,

Emergency Salbutamol Inhalers

Following changes in guidance, schools are now able to purchase salbutamol inhalers to keep in school for emergency situations. Should a child show symptoms of an asthma attack when their inhaler is not available or is unusable, the school can use one of the emergency inhalers (along with a single-use spacer), provided we have written permission from the parent.

Inhalers are kept in classrooms with the children and will be taken out to PE with them. The emergency inhalers will be kept centrally at the school office and at the lunchtime first-aid station for emergency situations. If you are happy for the school salbutamol inhalers to be used in an emergency by your child, please sign and return the attached form giving permission as soon as possible. If your child has to use one of the emergency inhalers, you will be notified by letter and the spacer they have used will also be sent home with them as we are unable to re-use these for different pupils.

On the reverse of this letter we have provided a copy of the asthma plan we follow as a school when children require their inhaler. This has been provided by the school nursing term. Please note that unless your child has an individual asthma care plan written by their GP/asthma nurse, we are only allowed to administer a child's inhaler in accordance with this plan. We frequently receive requests from parents in the winter months for pupils to have their 'puffer' at other times – not just when they are experiencing the symptoms of asthma. Please note that we are unable to do this, unless this has been put in writing by the GP/asthma nurse.

Should you have any questions or concerns regarding your child's asthma care in school, please discuss this with Mrs Ward in the school office.

Yours sincerely,

Lesley Pennington – Headteacher

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which will be stored in the classroom.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. I understand that the school follows the asthma plan provided by the school nurses, and that if my child requires an individual plan, this must be in writing from my child's asthma nurse/GP.

Signed (Parent/Carer): Date:

Name (print):

Child's name:

Class:

NOTIFICATION OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....

Class:

.....

Date:

.....

Dear

This letter is to formally notify you that

.....has had problems with his / her breathing
today. This happened when

.....
.....

[Delete as appropriate]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

.....

Appendix J - Asthma Inhaler Frequent Use Form

Child's name

Class

Date

This letter is to inform you that required his/her inhaler on more than two occasions this week as follows:

<u>Date</u>	<u>No of puffs</u>
.....
.....
.....

We would strongly advise that your son/daughter is seen by your own doctor/asthma nurse as soon as possible in order for their asthma to be re-assessed.

It is important that any child diagnosed with asthma is reviewed by their asthma nurse every 12 months.

Thank you.

..... (Signature)

..... (Role in school)

Appendix K – Permission Form and Letter – Calpol

Dear Parent/Carers,

From April 2017, we will be keeping liquid paracetamol (e.g. Calpol) in school to be offered to pupils under limited circumstances, and only with written permission of the parent. We do not expect to administer paracetamol on a regular basis, but appreciate that occasionally children have mild symptoms such as headache or limb pain, that can be alleviated without the need to go home. The school will still contact parents to collect a child whom they feel is not well enough to remain in school, but we understand that mild symptoms such as headache, limb pain etc. may be relieved by the use of Calpol.

Calpol requires a minimum of four hours between doses. If your child complains of pain before 1pm, we will attempt to contact you to ask if they have already had medication that morning. If we cannot contact you, we will wait until after 1pm to administer. Once we have administered the required dose (following the directions on the bottle/packet) we will text/phone you to advise the dose and reason.

If you are happy for us to administer Calpol in school, please complete and return the slip over leaf **signing either option A or B**. If we do not hear from you, we will assume that you do not want us to give your child Calpol in school.

Please note that the school's policy regarding medicines brought in from home remains the same – we will only administer those which have been prescribed for the child. These need to be brought into the school office in their original, labelled packaging, and a separate form must be completed.

If you have any questions regarding the school's policy on administering medicines in school, please contact the school office.

Yours sincerely,

Lesley Pennington - headteacher

Parental Permission for Occasional Administration of **Liquid Paracetamol**

Child's Name: _____ Class: _____

When signing option A or B, you are also confirming that:

- My child has had liquid paracetamol before and did not have an allergic reaction to it
- My child is not under medication that would react with liquid paracetamol
- I will inform the school if my child starts any medication that might react with liquid paracetamol (you may need to ask a pharmacist)
- I will inform you if circumstances change and I no longer wish my child to receive liquid paracetamol in school

Please sign **either** Option A or Option B

A: I am happy for the school to give my child liquid paracetamol in school and to send me a text/leave a phone message giving the reason and dose (After 1pm if the school cannot contact a parent or carer first).

Parent Name.....
Signature.....

Date.....

or B: I am happy for the school to administer liquid paracetamol in school but **only after** speaking to a parent/carer first.

Parent Name.....
Signature.....

Date.....

Appendix L

Parental Permission for Occasional Administration of **Liquid Antihistamine (e.g. Piriton)**

Child's Name: _____ Class: _____

When signing option A or B, you are also confirming that:

- My child has had liquid antihistamine before and did not have an allergic reaction to it
- My child is not under medication that would react with liquid antihistamine
- I will inform the school if my child starts any medication that might react with liquid antihistamine (you may need to ask a pharmacist)
- I will inform you if circumstances change and I no longer wish my child to receive liquid antihistamine in school

Please sign **either** Option A or Option B

A: I am happy for the school to give my child liquid antihistamine in school and to send me a text/leave a phone message giving the reason and dose (After 1pm if the school cannot contact a parent or carer first).

Parent Name.....
Signature.....

Date.....

or B: I am happy for the school to administer liquid antihistamine in school but **only after** speaking to a parent/carer first.

Parent Name.....
Signature.....

Date.....

Appendix M – form for administration of prescribed medicines.

CHILDREN'S SERVICES HEALTH & SAFETY

Administration of Medicines & Treatment Consent Form

Name of School	Whiteley Primary School
Name of Child	Class
Address of Child	
Parents' Home Telephone No.	
Parents' Mobile Telephone No.	
Name of GP	
GP's Telephone No.	

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	
I recognise that school staff are not medically trained	

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
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Allergies	
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Other Prescribed Medicines	
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Appendix N – Letter and Consent for Emergency Auto-Injector Use

Dear Parents/Carers,

Emergency Auto-Injectors (Epipens)

Following changes in guidance, schools are now able to purchase auto-injectors to keep in school for emergency situations. Should a child show symptoms of anaphylaxis, and their own auto-injector is not available or is not working, the school can use one of the emergency auto-injectors, provided we have written permission from the parent.

Auto-injectors are kept in classrooms with the children and will be taken out to PE with them. The emergency auto-injectors will be kept centrally at the school office and will be taken out to the lunchtime first-aid station for emergency situations. If you are happy for the school auto-injectors to be used in an emergency by your child, please sign and return the attached form giving permission as soon as possible. Should your child require use of an emergency auto-injector, we will contact you by phone as soon as possible.

Should you have any questions or concerns regarding your child's health care in school, please discuss this with Mrs Ward in the school office.

Yours sincerely,

Lesley Pennington – Headteacher

CONSENT FORM:

USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

1. I can confirm that my child is at risk of anaphylaxis and has been prescribed an adrenaline auto-injector.
2. My child has an in-date adrenaline auto-injector in school, clearly labelled with their name, which will be stored in the classroom.
3. In the event of my child displaying symptoms of anaphylaxis, and if their own auto-injector is not available or not working, I consent for my child to receive adrenaline from an emergency auto-injector held by the school for such emergencies.

Signed (Parent/Carer): Date:

Name (print):

Child's name:

Class: