



First Aid Policy
June 2024



First Aid Policy

This policy will be reviewed annually	
Policy reviewed:	June 2024 by A.Morrison & S.Lisk
Next review:	June 2025 by A.Morrison & S.Lisk

1. Introduction

Wimbledon Common Prep School (the school) is committed to dealing efficiently and effectively with illnesses and emergencies that may arise while the pupils are in our care. Under duties set out in the *Health and Safety (First Aid) regulations 1981* and the *Department for Education and Employment guidance on first aid for schools*, the school recognises the responsibility of providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the school.

This policy is applicable to all pupils, including those in the EYFS.

2. Staff Qualified to Administer First Aid

Every first aider completes a 3-day HSE approved course and holds a valid certificate of competence. This training is updated every 3 years. These first aiders are qualified to give immediate help to casualties with common injuries, illnesses and medical conditions. They, alongside staff with a paediatric first aid qualification, are responsible for maintaining the correct contents of all first aid boxes and storing pupils' medication – e.g. asthma inhalers

Designated First Aiders with HSE approved certificate:

Mrs S. Lisk and Mr A.Morrison

Staff with paediatric first aid training

The following staff have attended an in-house 2 day paediatric first aid course which is renewed every three years. The most recent course was delivered to the following staff and is scheduled to be renewed in August 2026:

Leanne Bnidar, Nicky McDougal, Anita Jones, Ashita Jain, Andrew Forbes, Andrew Morrison
Catherine McKeon, Catriona Martin, Chloe Poelman, Dawn Steel, Fiona Dalzell, Hannah Cadle
Helen Greener, Imogen Millar, Jo Gannon, Joanne Salibi, Julie Ashton, Karen Wyatt, Laura Picotto, Lea Burgess, Louise Collins, Marie-Estelle Wilson, Melissa Thom, Nicola Sargeant, Patricia Large, Rosie Hemmings, Rosie Oldroyd, Sharon Hague, Sharon Lisk, Steve Barrett, Sue Hawa

All staff are required to undertake online video training in the use of AEDs and action to take in the event of a pupil having an asthma attack or anaphylactic shock. Annual in-house training is provided to update and refresh staff on the use of inhalers and auto injectors

Members of staff who are designated first aiders with the HSE approved certificate and/or those with paediatric first aid training will initially deal with any incident. The school nurses based in the medical room at King's College School are also able to attend if required.

All first aiders and appointed persons are fully indemnified by Kings College School against claims of negligence, provided that they are suitably trained and are acting within the scope of their employment and within the school guidelines for the administration of first aid.

There is always at least one qualified first aider on the school site during school hours.

On school trips at least one person accompanying the trip must hold a paediatric first aid certificate.

3. First aid Resources

There are the following first aid resources on site:

- Small first aid box in each classroom and Orchard Hall;
- Large first aid box/burns kit in Birch classroom;
- PE first aid bag in Orchard Hall cupboard or on the tree next to Orchard Hall
- Each year group has three first aid rucksacks for outings;
- First aid box in school secretary's office;
- Stock of first aid equipment in accessible toilet on ground floor;
- Portable first aid kits for staff on playground duty. Large first aid box under bench in playground.
- At least one first aid kit must be taken on all school trips and sports fixtures.

Recommended contents of first aid boxes:

Cleansing wipes; tweezers; plasters of various sizes; gloves; tissues; an apron; safety pins; basic first aid instructions ice packs are kept in the freezer in the staff room and held in a cool box in the playground during break times.

4. Actions in the Event of a Major Accident or Illness

Parents agree by signing the school registration form to enable the school to act in loco parentis and for the school to authorise medical treatment in an emergency. This enables the Headteacher, or any member of staff so authorised to give permission for medical emergency treatment for their son in the event of a major accident, incident or illness occurring during the school day. Staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. This includes situations where a third party might offer assistance (for instance a medically qualified parent offering to treat a pupil who is not their child). In these circumstances staff have absolute discretion to refuse an offer of help if they are of the opinion that the third-party assistance would not be in the best interests of the pupil.

In the event of a major accident or illness, the following procedures will apply:

- The *first aider with the HSE approved certificate* is notified and will take responsibility for deciding on the appropriate action.
- The *first aider with the HSE approved certificate* and the Headteacher or member of SLT if Headteacher is not available, will assess the situation and decide whether the pupil needs to go straight to hospital or whether they can safely wait for the parent to arrive.

- If the pupil needs to go to hospital immediately, an ambulance will be called using the postcode SW19 4TA. The parent will be informed. A member of staff will accompany the pupil to hospital (taking the school mobile phone, the pupil's registration details and any medical information relating to the pupil that the school has access to) with them. The member of staff will consent to medical treatment being given provided parental consent has been obtained via the registration form. The parents will be informed as to which hospital the pupil will be taken once this has been confirmed by the ambulance crew.
- If the pupil does not need to go to hospital immediately, but their condition means that they should go home, the parent will be informed and asked to collect their child and seek further medical advice as necessary. In the meantime, the pupil should be made as comfortable as possible and kept under close supervision. If an injury to the neck or spine is suspected, staff must not move the pupil. Parents will be made fully aware of the details of the incident and any actions taken by the school.

5. Concussion

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things.

Loss of consciousness (being 'knocked out') occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion.

Initial assessment

Anyone suspected of sustaining a concussion should be assessed by S.Lisk, A. Morrison or A. Forbes onsite. They will make a decision if the child needs to be collected by the parent and to seek medical advice or if an ambulance needs to be called. All suspected concussions should be checked by a medical professional within 24 hours.

Visible clues (signs) of concussion

Any one or more of the following visible clues can indicate a concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Disoriented (not aware of their surroundings, dazed, blank or vacant look)
- Slow to respond to questions
- Grabbing/clutching of head
- An impact seizure/convulsion
- Tonic posturing – lying rigid/motionless due to muscle spasm (may appear to be unconscious)
- More emotional/irritable than normal for that child
- Vomiting
- Headache "Pressure in head"
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog'/difficulty concentrating
- Visual problems
- Nausea
- Fatigue

- Sensitivity to light or sound
- More emotional
- Don't feel right
- Concerns expressed by parent, member of staff about a child

Anyone with a suspected concussion should **not** be left alone in the first 24 hours.

A graduated return to education

Stage 1	Relative Rest for 24–48 hours <ul style="list-style-type: none"> • Minimise screen time • Gentle exercise*
Stage 2	Gradually introduce daily activities <ul style="list-style-type: none"> • Activities away from school (introduce TV, increase reading, games etc)* • Exercise –light physical activity (e.g. short walks) *
Stage 3	Increase tolerance for mental & exercise activities <ul style="list-style-type: none"> • Increase study-related activities with rest periods* • Increase intensity of exercise*
Stage 4	Return to study and sport training <ul style="list-style-type: none"> • Part-time return to education* • Start training activities without risk of head impact*
Stage 5	Return to normal education and full training <ul style="list-style-type: none"> • Full education • If symptom-free at rest for 14 days consider full training
Stage 6	Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5 If symptoms continue beyond 28 days, remain out of sport and seek medical advice from a GP
	*rest until the following day if this activity more than mildly increases symptoms

6. In the Event of a Minor Accident or Illness

If the incident occurs in the classroom the class teacher will make an initial assessment as to whether advice from the first aider on duty is required. During break times duty staff should treat minor injuries and illness themselves and refer the situation to the first aider if necessary. Parents of EYFS will always be informed on the same day or as soon as practically possible of any accident or injury to their pupil and any first aid administered.

All head injuries must be seen by a first aider or member of staff with a minimum of a paediatric first aid qualification. Duty staff carry a first aid kit during break times and ice packs are available in a cool bag. Should the pupil be feeling unwell and their class teacher deems it necessary that they should go home, the parent will be contacted and asked to collect the pupil. During this time the pupil should remain with a member of staff in the first aid room.

If the pupil has suffered a stomach upset parents should be reminded that they should not return to school for at least 48 hours after the last vomiting or diarrhoea attack. Should the pupil exhibit symptoms of an infectious condition the school will take steps to contain the infection by informing other parents of the incidence of an infection and its symptoms.

7. Nosebleeds

When dealing with a nosebleed the duration of the nosebleed should be recorded on the accident report slip. If the nosebleed continues for 10 minutes or more a first aider with HSE approved certificate should be contacted immediately. The school office should contact the parent to inform them. If the bleeding is heavy and continues for 20 minutes or more, the child swallows a large amount of blood that makes them vomit or the nosebleed develops after a serious injury an ambulance should be called immediately.

8. Vomiting and Diarrhoea

Diarrhoea and vomiting can spread easily therefore it is important that children and adults with diarrhoea or vomiting should stay away from school for 48 hours after their symptoms have gone.

9. First Aid and Accident Reporting

All incidents occurring during the school day, including during extra-curricular activities, are logged in the school's accident book. This can be found in the staff room or during wet play in the ground floor accessible toilet. The health and Safety officer should be informed if the incident occurs as a result of faulty or unsafe equipment. A carbon copy of the accident report form is kept in the accident book. In the case of minor injuries, the original form is passed onto the class teacher who then hands the slip to parents or carers.

If an injury occurs in an extra-curricular activity, the person who deals with the injury will contact the member of SLT on duty and complete the accident report slip and either pass onto the class teacher (early morning club) or it is passed onto the parent or guardian (after school club) on the same day as the accident or injury. Epi-Pens are situated on hooks outside of the Headteacher's Office. Inhalers are in locked cabinets outside of Pine classroom and can be accessed by the key above the cabinet. Please inform the coach/instructor who these children are when you drop them off at club, it is also highlighted on the club register

Extra-curricular club first aid cover is provided by a member of SLT. The member of SLT on duty can be contacted using the walkie talkie situated in the foyer. There is a whiteboard outside the Headteacher's Office with the name and photo of the member of SLT in charge from 7:45am and from 3:30pm

If you are in a situation where you require additional first aid support and you are teaching by yourself, please send a room star with two responsible children to ask for help from the nearest member of staff who should get support from another member of staff. There is also a phone on the top floor of the main building and in Orchard Hall – please call the office or dial 999 in an emergency. Any qualified first aider should administer first aid and/or medication in the event of an emergency.

If it is serious injury or a head bump, a second opinion/support must be sought by Sharon Lisk or a member of SLT who will assist with the first aid and speak to parents/carers at collection time.

There will always be a member of SLT available in the school until the last child has left the building safely. The member of SLT will deal with any first aid emergencies, lock downs, evacuation in the event of a fire/bomb or a lost child.

If first aid is required to be administered to a pupil on the playground, the class teacher/TA must be informed of the reasons for the first aid and the treatment given when they collect their class. The teacher/TA responsible

for the pupil's class will inform the school office (if deemed serious enough by the first aider who dealt with the incident). If the pupil is going from playground to Music, French or PE then it would be up to the first aider to inform the subject specialist teacher and to pass the slip to the pupil's class teacher/T.A.

Serious injuries must be reported according to the RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013). See www.riddor.gov.uk. The Headteacher and the Head of Support Services at King's College School, must be informed.

In the case of a head injury, the pupil should always be seen by a first aider or member of staff with a paediatric first aid qualification. The first aider will treat the pupil, record the incident and if deemed serious enough will inform the school office who will phone or send an email to the parents to inform them directly. If appropriate, the pupil will return to class and parents will be provided with notification via the pupil's book bag of the symptoms of concussion and the importance of monitoring for symptoms. All children who have had a knock to the head while at school will wear a red paper wristband to alert all staff and parents at the end of the school day.

Parents should be advised to seek further medical advice for any burns to a pupil and if the parent decides to take the pupil to hospital, they should advise the class teacher. The Headteacher will be informed as well as RIDDOR and support services at Kings College School if appropriate.

In the case of off-site activities, reference should be made to *PE and games risk assessments* and /or the *educational visits policy*.

10. Supporting pupils at school with medical conditions

The school recognises that pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Some pupils with medical conditions may have a disability, and where this is the case the school will comply with its duties under the Equality Act 2010. Some pupils may have special educational needs and may have an Education, Health Care plan which brings together health and social care needs, as well as their special educational provision.

In all cases the school ensures that information regarding a pupil's needs are shared proportionately and with appropriate staff.

Where possible during off-site visits any pupils with medical conditions should be in a group that has their own teacher/teaching assistant as the leader and they should have ready access to the child's medication.

11. Administering Medicine at School

When a parent or boy brings prescribed medicine to school it should be clearly labelled with the child's name and the permitted dosage. Written instructions are always required. A form should be filled in and given with the medicine to Mr Forbes or Mr Morrison. The medication and form should be passed onto Mrs Lisk (or in her absence Mr Forbes) at the next available opportunity and Mrs Lisk will check, record and arrange where the medication is to be stored securely.

Medication for children with asthma is kept in the First Aid cupboards outside Pine classroom. Auto- injectors are kept in the individual child's classroom.

Where children are going off-site for any reason, the teacher in charge should have the appropriate medication in his or her possession. This medication should be signed out from the locked cupboard outside Pine class.

Medicines that are prescribed in the short term to be taken during the day are to be administered by Mrs Lisk or in her absence Mr Forbes. The class teacher/teaching assistant will take any children to Mrs Lisk to administer the

short term medication as advised.

Any time medication is administered, a record is made and provided to parents. Parents of pupils are informed by the class teacher of any medication administered during the school day and the time it was given. All medication or medical equipment must be clearly labelled with the pupil's name and full instructions for administering. All medication except autoinjectors are stored in a locked non portable cabinet on the wall outside Pine classroom or the medical fridge in Orchard Hall.

Staff must sign the medication in and out sheet when taking pupil medication on trips and sports fixtures. Auto- injectors for individual pupils are kept in the class where they spend the majority of the school day on a peg by the classroom door, clearly labelled. Those with conditions such as asthma, diabetes, epilepsy, allergies requiring auto injector are required to hold a set of medication in school for administering by the First Aider.

Staff Medication

Staff medication is kept in the First Aid Room. Only children's personal medication are in the two first aid cabinets. All school medication, eg Calpol, Ibuprofen, school inhalers and Epipens are also kept in the First Aid room.

Allergies

Whilst all possible precautions are taken to ensure that pupils with allergies are not exposed to risk it is not possible to provide an environment that is totally free of all allergens or even free of peanuts/nuts. However, the school aims to manage the risk of allergens by:

- Limiting the possibility of peanuts/nuts on the school sites through communication with parents.
- Providing ingredients for food cooked by the pupils at school;
- Briefing class teachers, playground supervisors and first aiders on a pupil's specific allergy.

12. Clinical Waste and Infection Control

Clinical waste should be disposed of in the yellow bin in the first aid room. A substance for the absorption of vomit or blood and a specifically designated vacuum cleaner should be used in the event of contamination of an area of the school with blood or vomit. The area should be screened off from other pupils until cleaning has taken place.

Pupils who appear to have symptoms of infectious disease should be isolated from their peers in the first aid room or other appropriate room until they are collected by a parent.

Staff administering first aid must follow hygiene procedures beforehand e.g. hand washing/use of antibacterial gel and use of disposable gloves. Any PPE should be disposed of along with any bodily fluids in the clinical waste bin in the first aid room.

In the event of suspected food poisoning affecting two or more pupils, the Headteacher will be informed so that appropriate action can be taken to trace the cause of the illness and if necessary, make a report to environmental health.

13. COVID-19

It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.

For children and young people aged 18 and under who are recommended to take a COVID-19 test by a health professional and test positive, the advice is to try to stay at home and avoid contact with other people for three days. This is because children and young people tend to be infectious to other people for less time than adults.

As well as following the UKHSA guidance we have in place baseline infection prevention and control measures that help to manage the spread of infection:

- Reinforcing good hygiene practices such as regular hand washing and cleaning.
- Ensuring occupied spaces are well-ventilated and let fresh air in.

14. Forms

The following forms are to be used in conjunction with the First Aid Policy:

- Record of head injury and symptoms of concussion;
- Body map and head map;
- Request to administer medication;
- Parental Consent Form – emergency inhaler; (included in the questionnaire)
- Educational Health Care Plan;
- Confidential health questionnaire (attached as appendix I below)



Appendix I Confidential Health Questionnaire

Pupil surname:

Pupil forename:

Date of birth:

Full Address:

Name and address of family doctor:

Tel no. of family doctor:

Has your son been immunised against the following?

(please tick)

(please tick)

Diphtheria	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chicken pox	<input type="checkbox"/> YES <input type="checkbox"/> NO
Haemophilus influenzae type b (Hib)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Poliomyelitis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meningitis C	<input type="checkbox"/> YES <input type="checkbox"/> NO	PCV pneumococcal disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meningococcal ACWY	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pertussis (whooping cough)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tetanus	<input type="checkbox"/> YES <input type="checkbox"/> NO	BCG	<input type="checkbox"/> YES <input type="checkbox"/> NO
HPV protect against human papillomavirus	<input type="checkbox"/> YES <input type="checkbox"/> NO	Typhoid	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measles, mumps & rubella (MMR 1st dose)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measles, mumps & rubella (MMR 2nd dose)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis B	<input type="checkbox"/> YES <input type="checkbox"/> NO

MEDICAL HISTORY

If 'YES' please give details, including information about treatments and any drugs or medicines taken regularly or for emergency use. *(Continue on a separate sheet if necessary).*

Illness/Medical conditions

(please tick)

History of serious illness, operation or injury (including head injury) requiring admission to hospital	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Conditions e.g. heart problems or joint/muscular problems which may affect sport	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any chronic or recurring medical condition, for example: Asthma, diabetes, epilepsy, hay fever etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any psychological factors of which we should be aware, for example, eating disorders, depression?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any allergy to insect bites, food, drugs, Elastoplast or other allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Visual problems/colour blindness. Are glasses/contact lenses worn? Date of last eye test?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has your son had any exposure to active pulmonary tuberculosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any conditions or long term disabilities which may affect your son's health that you feel it would be helpful for us to know?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your son have any weight/growth problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Has your son been treated for the following conditions?

(please tick)

(please tick)

ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convulsions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent to use of emergency salbutamol inhaler for asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Migraine	<input type="checkbox"/> YES <input type="checkbox"/> NO
When was condition last assessed by asthma nurse or GP?		Any cardiac related condition	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any skin condition including eczema	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastro-intestinal conditions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any type of blood disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes or low blood sugar	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic bone or joint problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Has your son had any of the following?

(please tick)

(please tick)

Pertussis (whooping cough)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convulsions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measles	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scarlet fever	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Slapped cheek (fifth disease or erythema infectiosum)	<input type="checkbox"/> YES <input type="checkbox"/> NO
German measles (rubella)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

DIETARY REQUIREMENTS

Name: _____

Affix
Photo

Does your son have any special dietary needs? _____

(please tick) YES NO

If "YES", please give details: _____

Does your son have an allergy to any of the following foods?

	(please tick)		(please tick)
Cereals	<input type="checkbox"/> YES <input type="checkbox"/> NO	Celery and celeriac	<input type="checkbox"/> YES <input type="checkbox"/> NO
Crustaceans (for example; prawns, crabs, lobsters and crayfish)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mustard	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eggs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sesame	<input type="checkbox"/> YES <input type="checkbox"/> NO
Milk	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sulphite (sulphur dioxide) which is a preservative found in some dried fruit	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fish	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lupin (can be found in flour)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peanuts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Molluscs (for example; clams, mussels, whelks, oysters, snails and squid)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nuts (such as almonds, hazelnuts, walnuts, pecan nuts, brazil nuts, pistachio, cashew and macadamia nuts)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Or any other foods? (If 'YES' please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Soybeans	<input type="checkbox"/> YES <input type="checkbox"/> NO		

When was your son last allergy tested? _____

Has this food allergy been medically diagnosed? _____

(please tick) YES NO

Has your son ever had an anaphylactic reaction? _____

(please tick) YES NO

Has your son been prescribed emergency medication adrenaline auto-injector (Emerade, Epipen or Jext) or other? _____

(please tick). YES NO

If 'YES' please provide Mrs Lisk, the school's First Aid Officer, with a treatment plan, photo and emergency medication.

CONSENT

As part of the school allergen policy, there is a requirement that permission must be granted for your son to be permitted to consume food and drink that you have not provided. Examples would include match teas provided after sports fixtures, lunch provided at outdoor and adventurous trip, etc. If you do not give permission, you may provide your own snack and/or drink otherwise your son will not be allowed to consume anything other than water.

To minimise risk, pupils are not allowed to bring in food to share as part of a celebration, e.g. birthday cakes, sweets, etc. However, if parents wish they may donate a book to the class which will be read and then donated to the library.

- I consent to my son consuming food and drink that I have not provided during school trips, sports fixtures or at any other time deemed appropriate by a member of staff from Wimbledon Common Preparatory School.

(Please tick) YES NO

- I consent to the administration of prescription and non-prescription medicines (including those listed below) to my son by a designated qualified member of staff in accordance with the terms of the school's policy on the Administering Medicine at School.

(Please tick) YES NO

(please tick)		(please tick)	
Antihistamine tablets or syrup - Piriton, Clarityn, Zirtek	<input type="checkbox"/> YES <input type="checkbox"/> NO	Paracetamol/Calpol (<i>Children under the age of 16 may only take medication containing aspirin if prescribed by a doctor</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Application of plasters	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has your son ever taken Nurofen / Ibuprofen before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nurofen/Ibuprofen (not administered to pupils with asthma)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has your son ever taken antihistamines before?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If your son has been prescribed an adrenaline auto-injector or inhaler, please ensure that it is delivered to Mrs Lisk in its original container as dispensed by the pharmacy and labelled with the pupils' name.

- I give consent for my son to receive any necessary first aid treatment provided by a designated member of staff.
- I acknowledge that any prescription or non-prescription medicines taken during the school day will only be administered by a designated staff member once the Request to Administer Medication form is filled in.
- Emergency medical treatment:** I authorise the Headteacher to consent on my behalf to my son receiving emergency medical treatment including blood transfusions within the United Kingdom, general anaesthetic and operations under the National Health Service or at a private hospital where certified by an appropriately qualified person necessary for the pupil's welfare and where the school cannot contact me in time.
- I understand that essential medical information will be shared with members of the school staff and other medical professionals to ensure the safety of my son. Please see the school's privacy notices, which are available on the school's website, for further information about how we may use yours and your son's personal data.
- I understand that it is my responsibility to inform the school in writing of any new medical conditions/health needs. Unless such notification is received, the school will rely upon the information contained in this medical questionnaire.

Name of Parent / Guardian:

(please print clearly)

Signed:

Date:

The School has a policy on Administering Medicine at School, which is available on request from the office and on the website.