

REDCOURT ST ANSELM'S



POLICY FOR MEDICAL CARE

[Including EYFS, KS1 and KS2,
Before and After School Care]

Review Date: October 2018

R Jones
September 2017

**This policy has been produced in consultation with the
Governors and Staff at Redcourt in reference to
our Mission Statement:**

“Growing Together in God’s Love”

References

0-25 SEND Code of Practice 2014
Wirral EYFS Advisory Team
Arrowe Park Hospital (APH) Paediatric Specialist Advisory Nursing Team
Equality Act 2010
Children and Families Act 2014
Education Act 2011
KCSiE 2016 Part 1 including Annex A
HSE Advice
EYFS Framework 2017
Working Together 2017

Please read this Policy with reference to:

School Mission Statement Document
Reaching Out – Essentials of an Edmund Rice Education
Child protection and Safeguarding Policy
Equal Opportunities Policy (Part 1)
Asthma Policy
Suncare Policy
First Aid Policy
Diabetes Policy
SEN-LDD and Inclusion Policy
Children with Specific Medical Conditions Policy
A Summary of Good Practice for Child Protection and Safeguarding Document
Health and Safety Policy
Accessibility Plan Document
Anaphylaxis and Severe Allergic Reactions Policy
Safe Disposal of Nappies and Medical Dressing Policy
Absence and Attendance Policy
Anti-Bullying Policy
SEN-LDD, Inclusion and Welfare Confidentiality and Information Sharing Policy
Transition of Pupils To and From Redcourt Policy
Anti substance Abuse / Drugs Policy

Redcourt St Anselm's seeks to promote fundamental British values at every opportunity having due regard for the need to prevent people being drawn into radicalisation and terrorism.

Staff

Pupil Welfare Officer - Miss N Citrine, Mrs H Darroch

Appointed First Aider – Miss N Citrine

2nd Appointed First Aider – Miss S Y Gilbert

SENCO - Miss R Jones

1. Medical Care

Although your son and daughter will normally receive medical care from your family GP practice, we hold medical information on all pupils in order to ensure that we can provide appropriately for their needs, or look after them if they are injured or have an accident. We would therefore be grateful if you would complete and return the medical questionnaire enclosed with this document before he or she joins the school.

Children who have had any diarrhoea and / or vomiting should stay away from school for 48 hours after the last bout of illness.

Please give very careful thought to bringing your child to school if you feel that they may be unwell during the day.

2. If your Child becomes ill

We will always contact you if your child suffers anything more than a trivial injury, or if we have any worries or concerns about his or her health. If he or she becomes ill during the school day we will ask you to collect your child.

3. Emergency Medical Treatment

However, in accepting a place at the school, we require parents to authorise the Head, or an authorised deputy acting on her behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if we are unable to contact you in time.

4. Medicines and treatments brought to school by Pupils

- **No member of staff is duty bound to administer medicines.**
- All parents must complete the Medicines Permission Form (available in school office / school website) if their child requires medicine during school hours, whether ongoing requirement or short term course.
- ALL medicines must be handed to the School Office for safe storage. Children must not keep medicine in their possession.
- Every occasion where medicine is administered to a child during school time will be logged in the school's medical file and a Medication Administered in School Form provided to parents.

Types of Medicine:

Medicines to be used in an emergency situation (e.g. Epipen)

- Parents must complete the Medicines Permission Form; an Individual Health Care Plan will be created when this type of medicine is prescribed to a child, and will be reviewed at the start of each school year.
- Staff are trained by healthcare professionals to administer medicines of this kind.

Prescribed medicine for short term use (e.g. antibiotics)

- Parents must complete the Medicines Permission Form for every instance when this type of medicine is prescribed to a child.
- Where possible, parents must administer this type of medicine before school. If medicine of this type is to be taken during the school day, parents must complete the Medicines Permission Form.
- The medicine must be clearly labelled and in its original container.

Prescribed medicine for ongoing use (e.g. asthma inhalers, medicine for allergic reactions)

- All hay fever medicine MUST be administered by parents before school.
- Parents must complete the Medicines Permission Form; a Health Care Plan will be created when this type of medicine is prescribed to a child, and will be reviewed at the start of each school year.
- The medicine must be clearly labelled, and it is the parent's responsibility to ensure the medicine is in date.
- If the medicine is required during the school day, the school office will inform parents prior to the administration of the medicine. If the office is unable to contact parents, medicine will be administered as necessary and a Medication Administered in School Form provided to parents.

Non-prescribed medicine (e.g. Calpol, Piriton)

- If a child requires this type of medicine (e.g. paracetamol), parents must administer this type of medicine at home. ***If this is not possible, parents must attend school to administer the medicine.***
- Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by Doctor.
- The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.

5. Medical Questionnaire

Parents of new pupils are requested to complete and return the enclosed questionnaire to the School Secretary.

1. CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____
_____ POSTALCODE _____

HOME TELE NO _____ Mobile (Mother) _____ Mobile (Father) _____

E-MAIL ADDRESS _____ Year of Entry (eg FS2) _____

2. Father's Name _____ Mother's Name _____
(Dr/Mr) (Dr/Miss/Mrs/Ms)

Other Contact No. And Name _____
(in case of emergency during school time)

3. Position of child in family: Please circle position of child in family and enter below B(boy) of G (girl) for all children

1 st (Eldest)	2 nd	3 rd	4 th	5 th	6 th

4. Family Doctor _____ Address _____
_____ Phone No _____

5. Health Visitor (if applicable) _____

6. Name of last school attended (if any) _____
Including nursery school/playgroup

Address of school _____

_____ Date of last attendance _____

Reason for leaving _____

7. Child's Health: Does the child possess

a) Normal sight	YES / NO
b) Normal hearing	YES / NO
c) Normal speech	YES / NO

Please state any serious illnesses suffered by the child since birth _____

Is the child regularly taking any medicines prescribed by a doctor? YES / NO

Please state any additional information you think his teacher should know _____

/ CONTINUED OVERLEAF

PLEASE STATE WHETHER THE CHILD HAS HAD:

Chickenpox	YES / NO	If so, when? _____
Diphtheria	YES / NO	If so, when? _____
Rubella (German Measles)	YES / NO	If so, when? _____
Measles	YES / NO	If so, when? _____
Mumps	YES / NO	If so, when? _____
Scarlet Fever	YES / NO	If so, when? _____
Whooping Cough	YES / NO	If so, when? _____
Rheumatic Fever	YES / NO	If so, when? _____
Any other infectious disease	YES / NO	If so, when? _____

RECORD OF IMMUNISATIONS:

TYPE	DATE
Diphtheria, tetanus, whooping cough, polio	_____
Haemophilus influenza type B (Hib)	_____
Pneumococcal infection	_____
Meningitis C	_____
Measles, Mumps, Rubella	_____

HAS THE CHILD:-

Had convulsions? YES / NO If so, when? _____

Suffered from any earache? YES / NO If so, when? _____

Is the child subject to any particular form of illness? YES / NO If so, give details _____

Has the child had any surgery? YES / NO If so, give details _____

Does the child suffer from any ailment, or congenital / neo natal problem affecting the general health, sight, hearing, etc? YES / NO

Does the child suffer from any allergy? YES / NO If so, give details _____
(eg asthma, hayfever)

8. CONSENT TO GENERAL TREATMENT AND TO FIRST AID

I/We give consent for my/our child receiving all the general health care and first aid services provided at the School and give consent, on the advice of an appropriately qualified medical specialist, to him/her receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if we are unable to contact you in time

Signatures of both Parents: _____
Or Guardian

Date: _____

School can only administer medicines prescribed by your GP

MEDICATION AT SCHOOL

THIS FORM IS TO BE COMPLETED BY THE PARENT OF ANY CHILD REQUIRING MEDICATION OF ANY FORM (or the use of an inhaler) PRIOR TO USE. Please tick box(es) as required.

CHILD'S NAME _____ FORM _____

This is to certify that the above named child requires:-

NAME OF MEDICINE _____ INHALER

DOSAGE _____ TIME _____

METHOD _____

I hereby nominate the:- WELFARE ASSISTANT CHILD NAMED ABOVE

To administer / self administer the prescribed medication as per these instructions.

I accept full responsibility for the accuracy of this listed information.

SIGNATURE _____ (Parent / Guardian)

A NEW FORM TO BE COMPLETED EACH TERM FOR CONTINUATION OF MEDICATION

School can only administer medicines prescribed by your GP

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