Supporting Pupils with Medical Conditions in School Policy

Ratified by the Governing Body July 2017
Contents:

1. Key roles and responsibilities
2. Definitions
3. Training of staff
4. The role of the child
5. Individual Healthcare Plans (IHCPs)
6. Medicines
7. Asthma
8. Emergencies
9. Avoiding unacceptable practice
10. Legal Position of Staff
11. Complaints
12. Appendices
   1. Individual healthcare plan implementation procedure
   2. Individual healthcare plan template
   3. Parental agreement for a school to administer medicine template
   4. Record of Medication Administered
   5. Record of medicine administered to all children
   6. Staff training record – administration of medicines
   7. Contacting emergency services
Statement of intent

Uffculme School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education’s guidance released in December 2015 – “Supporting pupils at school with medical conditions” and DFE guidance 2005 “Managing Medicines in schools and Early Years Settings”

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

MISSION

To enable all young people to have the skills, knowledge and experiences to lead meaningful and enjoyable lives, and optimise lifelong opportunities.

VISION

We will have an enhanced recognition as a centre for excellent practice of autism, training and supporting others.

We will be integrating with the wider community to enhance lifelong learning for students with autism both locally and beyond.
Key roles and responsibilities

1.1. **The Local Authority (LA) is responsible for:**

1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions

1.1.2. Providing support, advice, training and guidance to schools and their staff.

1.1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

1.1.4 **Home/School Transport.** The LA must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Guidance should be sought from the child’s GP or paediatrician.

1.1.5 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

1.1.6 Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. School will advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
1.1.7 Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

1.2. **The Governing Body is responsible for:**

1.2.1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Uffculme School

1.2.2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

1.2.3. Handling complaints regarding this policy as outlined in the school’s Complaints Policy.

1.2.4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.

1.2.5. Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility and are deemed competent to support children with medical conditions.

1.2.6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.

1.2.7. Keeping written records of any and all medicines administered to [individual pupils](#) and across the school population.

1.3. **The Head Teacher is responsible for:**

1.3.1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Uffculme School

1.3.2. Ensuring the policy is developed effectively with partner agencies for example School Nursing Team

1.3.3. Making staff aware of this policy.
1.3.4. Liaising with healthcare professionals regarding the training required for staff.

1.3.5. Making staff who need to know aware of a child’s medical condition.

1.3.6. Developing Individual Healthcare Plans (IHCPs).

1.3.7. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

1.3.8. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.

1.3.9. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

1.3.10. Contacting the school nursing service in the case of any child who has a medical condition but has not yet been brought to the attention of the school nurse.

1.4. **Staff members are responsible for:**

1.4.1. Taking appropriate steps to support children with medical conditions.

1.4.2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

1.4.3. Administering medication, if they have agreed to undertake that responsibility.

1.4.4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.

1.4.5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

1.5. **School nurses are responsible for:**

1.5.1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
1.5.2. Liaising locally with lead clinicians on appropriate support and training

1.6. **Parents and carers are responsible for:**

1.6.1. Keeping the school informed about any changes to their child/children’s health.

1.6.2. Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school.

1.6.3. Providing the school with the medication their child requires, supplied in the appropriate containers/packaging and keeping it up to date.

1.6.4. Discussing medications with their child/children as appropriate prior to requesting that a staff member administers the medication.

1.6.5. Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Head Teacher, other staff members and healthcare professionals.

2. **Definitions**

2.1. “Medication” is defined as any prescribed or over the counter medicine.

2.2. “Prescription medication” is defined as any drug or device prescribed by a doctor.

2.3. A “staff member” is defined as any member of staff employed at Uffculme School.

3. **Training of staff**

3.1. Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

3.2. Teachers and support staff will receive regular (at least annually) and ongoing training as part of their development.

3.3. Teachers and support staff who undertake responsibilities under this policy will receive the following training from the Local Authority Medical Needs in School Team/School Nurse:
- Asthma
- Allergy and Epipen
- Epilepsy
- Diabetes

3.4. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.

3.5. The School Office will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

4. The role of the child

4.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

4.2. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

4.3. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

4.4. Where appropriate, pupils will be encouraged to take their own medication under the supervision of two adults.

5. Individual Healthcare Plans (IHCPs)

5.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Head Teacher, Special Educational Needs Coordinators (SENCOs) and medical professionals.

5.2. IHCPs will be easily accessible whilst preserving confidentiality.

5.3. IHCPs will be reviewed when a child’s medical circumstances change, whichever is sooner.

5.4. Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

5.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and
education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

6. **Medicines**

6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

6.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.

6.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

6.4. No child under 16 years of age will be given medication containing aspirin without a doctor’s prescription.

6.5. Medication for pain relief i.e. Calpol and Piriton must never be administered without first checking maximum dosages and the time of previous dose. Parents must be contacted prior to administration. When Calpol or Piriton has been given to a child, a letter confirming time and dose must be sent home.

- Medicines MUST be supplied in the original container (except in the case of insulin which may come in a pen or pump) and clearly labelled with:
  - Child’s name
  - The name of the medication
  - The strength of the medication
  - The amount of medication in the bottle/package, e.g. number of tablets / total mls
  - The dose to be given and specific time – AS DIRECTED is not acceptable
  - The date it was dispensed

This information should be printed on a label by the pharmacist and each box or bottle must be labelled.

6.6. A maximum of four weeks supply or 1 full bottle of the medication may be provided to the school at one time.

6.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to
others is an offence which will be dealt with under our Drug and Alcohol Policy.

6.8. Medications will be stored in the school office with the exception of Inhalers and Emergency Allergy Medication which will travel with the student

6.9. Any medications left over at the end of the course will be returned to the child’s parents.

6.10. Written records will be kept of any medication administered to children.

6.11. Pupils will never be prevented from accessing their medication.

6.12. Students who refuse to take their medication will not be forced to do so. Parents will be informed of student’s refusal at the earliest opportunity

6.13. Uffculme School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Asthma

7.1. A register is maintained of students who are diagnosed with asthma and who are in receipt of an inhaler.

Where appropriate it is good practice to support and encourage young people who are able, to take responsibility for managing their own medication. If young people are able to take asthma medication themselves staff will only need to supervise. Parents will need to submit a consent form authorising school to support their child in doing so; school protocols regarding the recording the administration of inhalers will continue to be observed

7.2. Children and young people who require support with inhalers will be assisted by staff who have received the appropriate training

7.3. In the event of personal inhalers being unavailable there are a number of Ventolin inhalers available for use in emergencies. Parental permission must be obtained prior to use.

8. Emergencies

8.1. Medical emergencies will be dealt with under the school’s emergency procedures.

8.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
- What constitutes an emergency.
- What to do in an emergency.

8.3. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

8.4. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9. Educational Visits

9.1. Children and young people with medical needs in school will not be excluded from participating in residential visits.

9.2. School will consider the reasonable adjustments that may be made to enable children to participate fully and safely in visits requiring overnight accommodation away from home. This will include securing additional training from the Medical Needs in School team or the school nurse. It may be that an additional staff member may be required to accompany a particular child.

9.3. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

9.4. Copies of care plans will be taken on visits in the event of the information being needed in an emergency. Risk assessments will need to include the relevant information pertaining to specific individuals with medical needs.

9.5. Written consent for the administration of medication whilst on residential visits must be given by parents/carers, and will include all the relevant information as detailed in 1.6 of this policy.

10. Sporting Activities

10.1. Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities.

10.2. Any restrictions on a child’s ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
11. Avoiding unacceptable practice

11.1. Uffculme School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toileting issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

12. Legal Position of Staff

12.1. Teachers who undertake responsibilities within this policy are covered by the school’s insurance.

Legal Position of Staff

- from ‘Administration and Management of Prescribed Medicines 2004’

City Council Indemnity passed by Finance and Management Committee on 18th July 2004.

“The council will indemnify all employees of the Council against the whole or part of any damages, costs or legal expenses which any such officers have been ordered to pay or may have incurred, if the officer acted in good faith and honestly believed that they acted in good faith and honestly believed that the act complained of as within his power and that his/her duty as an officer required or entitled him to do it. Such indemnity shall extend to responsibilities arising from duties performed by any employee by virtue of his / her employment with the council on behalf of other bodies.

Exceptions: The indemnity will not extend to loss or damage directly or indirectly caused by or arising from:
a) fraud, dishonesty or a criminal offence on the part of the employee

b) any neglect, error or omission by the employee otherwise than in the course of his / her duties; and

c) liability in respect of surcharges made by the District Auditor

The indemnity will not apply if an employee, without written permission of the Authority admits liability or negotiates or attempts to negotiate a settlement of any claim falling within the scope of this resolution.

13. Adverse Incidents
School has an open approach to the reporting of adverse incidents. The Head Teacher or Deputy Head must be informed immediately. The Head Teacher will then inform the parents / carers and the school nurse. Any adverse incidents must also be recorded in writing.

14. Complaints

14.1. The details of how to make a complaint can be found in the Complaints Policy:

14.1.1. Stage 1 - Complaint Heard by AHT/Deputy Head

14.1.2. Stage 2 - Complaint Heard by Head Teacher

14.1.3. Stage 3 – Complaint Heard by Governing Bodies’ Complaints Appeal Panel
Appendix 1 - Individual healthcare plan implementation procedure

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Head Teacher co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3. Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.

4. Develop IHCP in partnership with healthcare professionals and agree on who leads.

5. School staff training needs identified.

6. Training delivered to staff - review date agreed.

7. IHCP implemented and circulated to relevant staff.

8. IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)
Personal Alert Card

Name:

Date of Birth:

Class:

Emergency Contact Numbers:

Hospital Contacts:
Name:                Numbers:

Medical Conditions:

Describe the condition and give details of individual symptoms:
Describe the condition and give details of individual symptoms (continued):

Treatment of symptoms:

Care in an Emergency:

Special requests from parents:

Date Training Given…………………………………………………. Review Date…………………………
Parents/Carers’ Signature…………………………………………….Date……………………………………
Print Name……………………………………………………………..
Nurse Signature………………………………………………………. Date……………………………………
Print Name……………………………………………………………..
Appendix 3  

CHILD SPECIFIC CONSENT FOR MEDICATION TO BE GIVEN IN UFFCULME SCHOOL e.g.: Asthma/Epilepsy/Allergy/ADHD/Diabetes

Link Person: Primary: Deputy Head Mrs L Conboy  
Secondary Chamberlain: Deputy Head Mrs C Pemberton  
Post 16 Russell Road: AHT Philippa Hunt

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
<th>Name of General Practitioner:</th>
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<tbody>
<tr>
<td>Parent/Carer Name:</td>
<td></td>
<td>Address:</td>
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<tr>
<td>Parent/Carer Address:</td>
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<td>Telephone:</td>
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<tr>
<td>Diagnosis/Diagnoses:</td>
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<td>Address:</td>
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</table>

My child requires the medicine detailed below during the school day. I consent for school staff to administer the following medication in accordance with the school medication policy and for this information to be shared with those staff who care for my child and therefore may need to know the following details.

<table>
<thead>
<tr>
<th>Name of medication (as described on the container)</th>
<th>Reason for medication. Prescribed for:</th>
<th>Strength</th>
<th>Dose to be given e.g. 1 x 5mg tablet</th>
<th>Time to be given</th>
<th>How to be given e.g. spoon / oral syringe</th>
<th>Pupil/student administer themselves? Y/N</th>
<th>Any other information or instructions</th>
<th>Procedures to take in an emergency</th>
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The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform the school nurse and school immediately, in writing, if there is any change in dosage or frequency of the medication and to provide the appropriate medication for school (see overleaf point 4).

Signature of parent / carer ................................................................. Date ........................................Name of parent / care ................................................................. (please print)

I give consent for guides on Home/School transport to retain a copy of my child’s care plan (if required in order to support students in transit to and from school).

Signature of parent / carer ..................................................Date .................................................. Name of parent / guardian ..................................................(please print)

Please see overleaf
In accordance with school medication policy I ........................................................... parent / carer of the above named child permit school staff to administer the following:

<table>
<thead>
<tr>
<th>Paracetamol</th>
<th>YES [ ]  NO [ ]</th>
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<tbody>
<tr>
<td>Piriton</td>
<td>YES [ ]  NO [ ]</td>
</tr>
</tbody>
</table>

I understand that I will receive a telephone call from a senior leader informing me of my child receiving medication, and this will be followed up in writing in the form of a standard letter.

Signed.................................................................................................. Print ..........................................................
A new medication consent form needs to be completed and returned to school at the beginning of each academic year. Medication will **not** be given without this consent.

**A few important points to remember regarding the administration of medication in school:**

1. Written consent on the form overleaf (supplied by school) must be given by a person with parental responsibility.

2. A new form is required each time there is a change to your child’s medication.

3. Details on the consent form must be completed by the person signing the form. It is extremely important that

4. Medication sent in to school must be:
   - In its original container and in date
   - Clearly labelled with:
     - Child’s name
     - The name of the medication
     - The strength of the medication
     - The amount of medication, e.g. number of tablets / mls in the bottle
     - The dose to be given and how often. "AS DIRECTED" is **not** acceptable
     - The date it was dispensed

   This information should be printed on a label by the pharmacist and **each** box or bottle must be labelled.

5. Only medication prescribed by a doctor can routinely be given in school, with the exception of Paracetamol/Piriton – see 7

6. **All medication for school must be handed to your child’s bus guide / taxi escort** (if your child is on home / school transport) or **school office staff** and **not** put in your child’s school bag.

7. **Paracetamol/Piriton**
   If it is within the school policy to administer Paracetamol/Piriton, and if your child becomes unwell in school, e.g. in pain / high temperature/hay fever, a dose of Paracetamol/Piriton can be given if you give written consent on the form supplied (overleaf).

**NB Please remember to inform school if you have given your child paracetamol or a product containing paracetamol before coming to school.**

If you have any queries / concerns please do not hesitate to contact the school nurse or Deputy Heads, who will be happy to answer your questions.

Thank you for your co-operation.
Appendix 4

School Record of Medication Administered (Use a separate sheet for each medication administered)

<table>
<thead>
<tr>
<th>Name of student</th>
<th>D.O.B</th>
<th>Class</th>
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</table>

Name and Strength of medication:

Dose and frequency of medication:

If child/student is absent – identify date with “A” code

<table>
<thead>
<tr>
<th>Date</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
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<th>W</th>
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Time Given
Dose Given
Staff Signature
Witness 1
Student Signature (if appropriate)

Code usage explanation for R and W

<table>
<thead>
<tr>
<th>Date</th>
<th>Code used</th>
<th>Reason</th>
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Medication disposed of – please sign

Codes:
R = refused
W = wasted
### Record of medicine administered to all children

<table>
<thead>
<tr>
<th>Date</th>
<th>Child’s name</th>
<th>Time</th>
<th>Name of</th>
<th>Dose given</th>
<th>Any reactions</th>
<th>Signature</th>
<th>Print name</th>
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## Appendix 6 - Staff training record – administration of medicines

<table>
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<th>Name:</th>
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<tr>
<td>Type of training received:</td>
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<tr>
<td>Date of training completed:</td>
</tr>
<tr>
<td>Training provided by:</td>
</tr>
<tr>
<td>Profession and title:</td>
</tr>
<tr>
<td>I confirm that __________________ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by __________________.</td>
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<td>Trainer’s signature</td>
</tr>
<tr>
<td>Date</td>
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<tr>
<td><strong>I confirm that I have received the training detailed above.</strong></td>
</tr>
<tr>
<td>Staff signature</td>
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<tr>
<td>Date</td>
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<td>Suggested review date</td>
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</table>
Appendix 7 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

- Your telephone number –
- Your name.
- Your location as follows: Uffculme School
  Primary Site: Queensbridge Road, Moseley, Birmingham B13 8QB
  Secondary Site: 2 Yew Tree Road, Moseley, Birmingham B13 8QG
  Post 16 Complex Needs: 40 Russell Road B13 8RE
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.