

Higham Ferrers Nursery and Infant School

**'Together, we enjoy learning in a happy,
caring and friendly environment'**



SUPPORTING PUPILS WITH MEDICAL NEEDS IN SCHOOL POLICY

**This Policy was agreed by the Full Governing Body in
Summer (2022)**

It will be reviewed in Summer (2024)

(BA & PD Committee)

Signed:

(Chair of Governors)

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01. INTRODUCTION

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)). Early Years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage. Section 100 came into force on 1 September 2014.*

02. SCHOOL CONTEXT

All staff at Higham Ferrers Nursery and Infant School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

03. DEFINITION OF HEALTH NEEDS

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions** involving specific access requirements, treatments, support or forms of supervision during the course of the school day
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions
- children with **mental or emotional health problems**.
- Children with a **disability** ('A physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities' This includes sensory impairments and disfigurement. 'Long term' means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the person's life. The Equality Act 2010) involving specific access requirements, treatments, support or forms of supervision during the course of the school day.

04. PRINCIPLES

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is a specified requirement in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary. They will always be supervised;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child who has health needs, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school visits, e.g. by requiring parents to accompany their child unnecessarily.

05. ROLES AND RESPONSIBILITIES

5.1 NAMED PERSON IN SCHOOL WITH RESPONSIBILITY FOR MEDICAL POLICY IMPLEMENTATION

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Mrs S Farrell (Inclusion Lead). This will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be Mrs Farrell's responsibility to pass on information to the relevant members of staff within our school.

Mrs Farrell will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement, whilst ensuring appropriate confidentiality.

5.2 PARENTS/CARERS AND PUPILS

Parents should be involved in developing and reviewing the individual healthcare plan. Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils (as appropriate) will be involved in the process of making decisions. Parents are expected to keep the school up to date about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents are required to carry out any actions they have agreed to in the Individual healthcare plan e.g. provide medicines and equipment and ensure that they or a nominated adult are contactable at all times. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

5.3 SCHOOL STAFF

Any member of staff may be asked to provide support to a pupil with medical needs, including the administration of medicines. Any member of school staff should know what to do and how to respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

5.4 THE HEADTEACHER

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of any particular child's condition. They will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school

staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child 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.

5.5 THE GOVERNING BODY

The governing body is responsible for ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They have a responsibility to ensure that this policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

5.6 SCHOOL NURSES

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison. School nurses can also liaise with lead clinicians locally on appropriate support and associated staff training needs.

5.7 OTHER HEALTHCARE PROFESSIONALS

General Practitioners and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist health teams may be able to provide support in schools for children with particular conditions (e.g. epilepsy, asthma, diabetes).

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

5.8 LOCAL AUTHORITY

Under section 10 of The Children Act 2004, they have a duty to promote co-operation between governing bodies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health and education. Local authorities **MUST** make joint commissioning arrangements for education, health and care provision for children with SEN or disabilities (Section 26 of Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within healthcare plans can be delivered effectively. The local authority should work with school to ensure that pupils with medical conditions attend school full time. Where pupils are not able to access education in mainstream schools because of health needs, the local authority has a duty to make other arrangements.

5.9 OFSTED

In light of the Ofsted framework (September 2020) inspectors must consider how well a school meets the needs of all the pupils, including those with a medical condition. They will look at progress and achievement of these pupils alongside those with SEN or disabilities.

06. STAFF TRAINING AND SUPPORT

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff annually to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

07. PROCEDURES/NOTIFICATIONS

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed and up to date of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. Information is displayed on A4 sheets on the medical board in the staffroom. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns our school has about a pupil will be raised with the parents/carers and discussed as necessary, with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, our school, after consultation with the parent/carer, may write a letter to the GP suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. Our school, healthcare professional and parent should agree, based on the evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at Appendix 1.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually (termly for those that involve serious conditions) or earlier if evidence is presented that the child's needs have changed e.g. after a consultant review. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have an EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Parents should be involved in developing and reviewing the individual healthcare plan. Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils (as appropriate) will be involved in the process of making decisions. Parents are expected to keep the school up to date about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents are required to carry out any actions they have agreed to in the Individual healthcare plan e.g. provide medicines and equipment and ensure that they or a nominated adult are contactable at all times. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

08. PUPILS TOO ILL TO ATTEND SCHOOL

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance).

The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

09. MEDICINES IN SCHOOL

In our school, pupil medication is kept in the labelled class medical box or office fridge. Children will require an appropriate level of supervision when taking medication. Two staff will always administer medicines and manage procedures for them. The relevant medication forms (See Appendix 2 at the end of this policy) will be presented to parents for completion prior to medication being kept on the premises. These forms are completed and handed into the office.

If a child refuses to take medicine or carry out a necessary procedure (outlined in a medical health care plan), staff will not force them to do so, but will contact parents and carers immediately so that alternative options can be considered.

10. MANAGING MEDICINES ON SCHOOL PREMISES

We ask that children are not sent to school when they are clearly suffering from a short term, common childhood illness and are extremely unwell or infectious. If a child requires medication to allow them to attend school, where clinically possible, the medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. Prescribed medicines will only be administered at school when a) a dosage has to be given before food; b) the required dosage is four times per day.

Over the Counter (OTC) medicines, such as Calpol, will usually only be administered for 24-48 hours (with the exception of medication for seasonal conditions such as hay fever or in certain circumstances at the discretion of the Headteacher.) If symptoms persist, it may be appropriate for the child to be seen by a medical professional.

For school staff to administer OTC medication the following must be adhered to;

- The parent/carer must provide the medication in a named box or bottle (this can be handwritten)
- The medication must be in date
- The parent/carer must complete a consent form that clearly states the time and dose to be administered
- The parent/carer must confirm that the medicine has previously been administered without adverse effects (see consent form - Appendix 2.)

No child in our school will be given prescription or OTC medicines without their parent/carer's written consent.

Two staff will always be present when administering a child's medication and they will check that the dosage on the form signed by the parent/carer is the same as the prescribed dosage on the label as dispensed by the pharmacist (or on the consent form if OTC medication.) The date, dosage and names of the staff present will be recorded on the consent form. (See Appendix 2 at the end of this policy document.)

All medicines are stored safely. Where appropriate, staff are informed of where a child's medicine is kept at all times so that they are able to access them immediately (if appropriate.) Medicines and devices such as asthma inhalers, blood glucose testing meters and auto injectors are always readily available in medical boxes. Medicines needing refrigeration are stored in the fridge in the main office.

The school now has an inhaler and an auto injector (located in the school office in a labelled cupboard) for emergencies.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescribers' instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school

should be noted. (A template for recording staff training on the administration of medicines is provided at Appendix 3.)

When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for disposal of needles and other sharps. It is the responsibility of the parents to collect any unused medication. If the medication is not collected after a reasonable period of time, it will be safely disposed of by the school.

11. EMERGENCY SITUATIONS

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

11.1 DEFIBRILLATOR

A defibrillator is located in the school office. (Please see First Aid policy for list of staff trained to use it). It has clear step by step instructions for anyone to follow if necessary in an emergency.

12. EDUCATIONAL VISITS, RESIDENTIALS AND SPORTING ACTIVITIES

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any reasonable adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

13. LIABILITY AND INDEMNITY

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

14. ASTHMA

14.1 INTRODUCTION

Higham Ferrers Nursery and Infant School:-

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours' school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and the medicines they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma.
- Ensures that all pupils understand asthma.
- Ensures that all staff (including supply teachers, support staff and lunchtime supervisors) who come into contact with pupils with asthma know what to do in an asthma attack.
- Understand that pupils with asthma may experience bullying and has procedures in place to prevent this.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

14.2 OUR VISION STATEMENT ABOUT EQUALITY

Higham Ferrers Nursery and Infant school seeks to foster warm, welcoming and respectful environments, which allow us to question and challenge discrimination and inequality, resolve conflicts peacefully and work and learn free from harassment and violence.

We recognise that there are similarities and differences between individuals and groups but we will strive to ensure that our differences do not become barriers to participation, access and learning and to create inclusive processes and practices, where the varying needs of individuals and groups are identified and met. We therefore cannot achieve equality for all by treating everyone the same. We will build on our similarities and seek enrichment from our differences and so promote understanding and learning between and towards others to create cohesive communities.

14.3 ASTHMA MEDICINES

Immediate access to reliever medicines is essential. The reliever inhalers of younger children are kept in the classroom in a secure place (medical box) accessed by adults only.

Our school staff are not required to administer asthma medicines to pupils (except in an emergency). School staff will be present to support pupils to take their own medicines when they need to.

A spare inhaler is located in the school office in a labelled cupboard for emergencies.

14.4 RECORD KEEPING

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

14.5 EXERCISE AND ACTIVITY PE AND GAMES

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's medical list supplied in September and if necessary throughout the year. Pupils with asthma are encouraged to participate fully in all PE lessons.

14.6 OUT OF HOURS

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

14.7 SCHOOL ENVIRONMENT

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

14.8 WHEN A PUPIL IS FALLING BEHIND IN LESSONS

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

14.9 ASTHMA ATTACKS

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows a clear procedure visibly displayed in the first aid area and in every classroom throughout school.

Booklets available in the school office from Asthma UK are:

- *School Policy Guidelines*
- *Asthma Awareness for School Staff*

15. COMPLAINTS

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**APPENDIX 1:
INDIVIDUAL HEALTHCARE TEMPLATE**

Name of School/setting/academy

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

First contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

Clinic/Hospital contact

Name	
Phone no	

GP

Name	
Phone no	
Person(s) responsible for providing support in school	

--	--

Describe the medical needs of the pupil

--

Give details of the pupil's symptoms

--

What are the triggers and signs?

--

What treatment is required?

--

Name of medication and storage instructions (if applicable)

--

Can pupil administer their own medication: YES/NO

Does pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

--

Dose, when to be taken, and method of administration

--

Describe any side effects

--

Describe any other facilities, equipment, devices etc that might be required to manage the condition

--

Describe any environmental issues that might need to be considered

--

Daily care requirements

--

Specific support for the pupil's educational needs

--

Specific support for the pupil's social needs

--

Specific support for the pupil's emotional needs

--

Arrangements for school visits/trips/out of school activities required

--

Any other relevant information

--

Describe what constitutes an emergency and the action to be taken when this occurs

--

Named person responsible in case of an emergency

In school:

For off site activities:

--

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

Form to be copied to

APPENDIX 2:
PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Details of medication

Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	

Note: medication must be stored in the original container as dispensed by the pharmacy/in a named container for Over the Counter medicines.

Contact details

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to	

Date final dose to be given (*office staff to complete:*) _____

The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped before the agreed date.

I confirm that for Over the Counter medicines, my child has not suffered any adverse effects following previous administration of the medication.

Signed: _____ Print name: _____

Date: _____

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			
Date			
Time given			
Dose given			
Name of staff member			
Staff initials			
Date			
Time given			
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Dose given			
Name of staff member			
Staff initials			

**APPENDIX 3:
STAFF TRAINING RECORD**

Name of school/setting/academy

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that _____ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated _____

Trainer signature: _____

Date: _____

I confirm that I have received the training detailed above:

Staff signature: _____

Date: _____

Suggested review date: _____