



Supporting Pupils with Medical Needs Policy

Date policy last reviewed: September
2022

Signed by:

Headteacher

Date:

Chair of Trustees

Date:

| | |
|----------|--|
| 1 | INTRODUCTION |
| 1.1 | Knightsfield School is an inclusive community that aims to support and welcome pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities as other pupils. |
| 1.2 | The governing board of Knightsfield School has a duty to ensure that arrangements are in place to support pupils with medical conditions. Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases. |
| 1.3 | This policy will make clear to all relevant staff the procedures to be followed in supporting these pupils. |
| 1.4 | This policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. |
| 1.5 | To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents. |
| | |
| 2 | AIMS |
| 2.1 | To ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential |
| 2.2 | To ensure that Pupils and parents/ carers feel confident in the care they receive from this school and that the level of that care meets their needs. Every member of the school community has the right to feel safe and valued. |
| 2.3 | To ensure that relevant staff understand: <ul style="list-style-type: none"> 2.3.1 the medical conditions that affect pupils at this school; 2.3.2 that many of the conditions may affect quality of life, ability to learn and confidence; levels; and 2.3.3 that the medical conditions may be life-threatening, particularly if poorly managed or misunderstood. |
| 2.4 | To ensure that relevant staff understand and are trained in what to do in an emergency for the medical conditions that affect pupils at this school. |
| 2.5 | To ensure that there is clear guidance on the administration and storage of medication. |
| 2.6 | To ensure that there is clear guidance about record keeping. |
| 2.7 | To ensure that the school environment is inclusive. This includes the physical environment, as well as educational, social and sporting activities. |

| | |
|----------|--|
| 2.7 | To ensure that the school community is aware of the common triggers that can make medical conditions worse. |
| 3 | LEGAL FRAMEWORK |
| 3.1 | <p>This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:</p> <ul style="list-style-type: none"> • Children and Families Act 2014 • Education Act 2002 • Education Act 1996 (as amended) • Children Act 1989 • National Health Service Act 2006 (as amended) • Equality Act 2010 • Health and Safety at Work etc. Act 1974 • Misuse of Drugs Act 1971 • Medicines Act 1968 • The School Premises (England) Regulations 2012 (as amended) • The Special Educational Needs and Disability Regulations 2014 (as amended) • The Human Medicines (Amendment) Regulations 2017 • The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law) • DfE (2015) 'Special educational needs and disability code of practice: 0-25 years' • DfE (2021) 'School Admissions Code' • DfE (2017) 'Supporting pupils at school with medical conditions' • DfE (2000) 'Guidance on first aid for schools' • Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools' |
| 3.2 | <p>This policy operates in conjunction with the following school policies:</p> <ul style="list-style-type: none"> • Special Educational Needs and Disabilities (SEND) Policy • Drug and Alcohol Policy • Complaints Procedures • Equality Policy • Inclusion Policy • Attendance Policy • Pupils with Additional Health Needs Attendance Policy • Admissions Policy |
| 4 | ROLES & RESPONSIBILITIES |
| 4.1 | To ensure that everyone is clear on their roles and responsibilities in respect of supporting pupils with medical needs (see Appendix 1). |
| 5 | ADMISSIONS |
| 5.1 | Admissions will be managed in line with the school's Admissions Policy. |

| | |
|----------|---|
| 5.2 | No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting. |
| 6 | STAFF TRAINING AND SUPPORT |
| 6.1 | Staff at Knightsfield School who are providing support to a pupil with medical conditions will receive suitable training. |
| 6.2 | These training needs are assessed by the Senior Leadership Team (SLT) and will be provided annually, upon induction to the school and on an ongoing basis as required. |
| 6.3 | Training should be provided by the specialist nurse/ school nurse/ other suitably qualified healthcare professional and/ or the parent/carer. |
| 6.4 | A log of the medical condition training will be kept by the school and reviewed every 12 months to ensure relevant staff receive training. |
| 6.5 | All staff understand their duty of care to pupils and know what to do and who to contact in the event of an emergency. |
| 7 | EMERGENCY PROCEDURES & FIRST AID |
| 7.1 | Medical emergencies will be dealt with under the school's emergency procedures |
| 7.2 | Where an IHP is in place, it should detail: <ul style="list-style-type: none"> • What constitutes an emergency; • What to do in an emergency. Action will then be taken accordingly |
| 7.3 | If a pupil needs to be taken to hospital, a member of staff will always accompany her/him and will stay with her/him until a parent or carer arrives. A copy of the pupil's Individual Healthcare Plan will be sent to the emergency care setting with the pupil, if one has been completed by the parent.. |
| 7.4 | First Aiders are expected to follow the First Aid procedures (Appendix 2). Pupils who are admitted to the medical room should be checked at regular intervals, as stated in the procedures. |
| 8 | RECORD KEEPING |
| 8.1 | The individual responsible for dealing with the medical emergency or administering treatment will record the following details: description of the incident, date, time, treatment administered and outcome. This information will be held on the pupil's record. |
| 8.2 | A log of medical emergencies will be kept by the school office and will be completed by the first-aider dealing with the medical emergency or administering treatment. |
| 9 | INDIVIDUAL HEALTH CARE PLANS |

| | |
|-----------|--|
| 9.1 | All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an Individual Healthcare Plan (IHP) which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. |
| 9.2 | IHPs are managed and led by School Office staff. |
| 9.3 | The IHP records important details about individual pupils' medical needs at school, their triggers, signs, symptoms, medication and other treatment (Appendix 3 - Healthcare Plan). It is set up at admission or when the diagnosis is first communicated to the school. |
| 9.4 | Individual Healthcare Plans are used to create a centralised register of pupils with medical needs and are kept securely in line with UK General Data Protection Regulation (UK GDPR). |
| 9.5 | Parents/ carers are reminded annually to update their child's IHP. |
| 9.6 | All staff are responsible for the protection of pupil's and parent/ carer personal details. |
| | |
| 10 | MANAGEMENT OF MEDICINES ON SCHOOL PREMISES |
| 10.1 | All non-emergency medication is kept in a lockable cupboard in the School Office. Medication requiring refrigeration is kept in a box in the fridge in the Staffroom. Pupils with medical conditions know where their medicine is stored and how to access it. |
| 10.2 | Most pupils at this school carry, and securely keep, their own emergency asthma medication. They are reminded to ensure that their emergency medication is with them at all times. Emergency asthma medication is kept in the School Office. |
| 10.3 | Where a pupil is not yet able to self-manage and carry his/her own emergency asthma medication, she/he knows where to access the emergency medication. |
| 10.4 | All medications, even if the pupil can administer the medication themselves, are kept in the School office and the administering is supervised by a member of School Office staff or a First Aider. |
| 10.5 | Staff may only administer prescribed and non-prescribed medication to pupils under the age of 16 if prior written consent has been obtained from the pupil's parent/ carer. Email or verbal consent will sometimes be accepted and this will be assessed on a case by case basis. |
| 10.6 | Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. Where suitably risk-assessed, the school insurance provides full indemnity. |

| | |
|-----------|---|
| 10.7 | Parents should complete the parental agreement for the school to administer medicine (Appendix 4), which must include the following information: <ul style="list-style-type: none"> • Name of Child; • Name of medicine(s); • Details of prescribed dosage; • Consent of parent/ carer for staff to administer medication; • Expiry date of medication; • Storage details |
| 10.8 | If a child's medication changes or is discontinued, or the doses or administration method changes, parents/ carers should notify the school in writing immediately. |
| 10.9 | If a pupil at this school refuses their medication, staff will record this and parents/ carers will be informed as soon as possible. |
| 10.10 | If a pupil misuses medication, either their own or another pupil's, their parents/ carers are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures. |
| 10.11 | Staff will ensure that medication is only accessible to those for whom it is prescribed. |
| 10.12 | The school office checks and logs the expiry dates for all medication stored at school on a termly basis. |
| 10.13 | All emergency and non-emergency medication brought in to school must be clearly labelled in its original container, with the correct pupil's name, the name and dose of the medication and the frequency of dose, expiry date and the prescriber's instructions. |
| 10.14 | An accurate record of each occasion an individual pupil is given or supervised taking medication will be kept. Details of the supervising staff member, pupil, dose, date and time must be recorded (Appendix 5). |
| 10.15 | The School will return out of date medication to parents/ carers to dispose of. |
| 11 | EMERGENCY INHALERS AND ADRENALINE AUTO-INJECTOR (AAI) |
| 11.1 | This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained (see Appendix 6) |
| 11.2 | The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015). https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools |

| | |
|-----------|---|
| 11.3 | <p>An emergency Asthma kit is kept in the central stairwell. This will include:</p> <ul style="list-style-type: none"> • A salbutamol metered dose inhaler • At least two single-use plastic spacers compatible with the inhaler • Instructions on using the inhaler and spacer/plastic chamber • Instructions on cleaning and storing the inhaler • Manufacturer's information • A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded • A note of the arrangements for replacing the inhalers and spacers • A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans • A record of administration |
| 11.5 | <p>This school has chosen to hold a spare emergency Adrenaline Auto-Injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained. (See Appendix 7) The spare emergency AAI is also suitable for use on any pupil or member of staff if instructed to do so by a paramedic or 999 call handler.</p> |
| 11.6 | <p>The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017). https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools</p> |
| 11.7 | <p>The AAI is kept in a lockable cupboard in the School Office with a list of the pupils who have been prescribed an AAI.</p> |
| 11.8 | <p>Relevant staff will receive training and support on the use of emergency salbutamol inhaler or the AAI.</p> |
| 11.9 | <p>All other relevant aspects of this policy (e.g. use, care, disposal, record keeping, informing parents and carers etc.) apply in respect of the emergency salbutamol inhaler or the AAI.</p> |
| 12 | DEFIBRILLATORS |
| 12.1 | <p>The school has an Automated External Defibrillator (AED) which can be found in the stairwell by the school entrance.</p> |
| 12.2 | <p>All first-aiders will be made aware of the AED's location and what to do in an emergency.</p> |
| 12.3 | <p>No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first-aiders will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.</p> |
| 12.4 | <p>The emergency services will always be called where an AED is used or requires using.</p> |
| 12.5 | <p>Checks will be undertaken on AEDs on a half-termly basis by a member of the School Office, who will also keep an up-to-date record of all checks.</p> |
| 13 | OFF-SITE VISITS |

| | |
|-----------|---|
| 13.1 | The School will ensure that a risk assessment is carried out before any off-site visits to ensure that the needs of pupils with medical conditions are considered and that plans are put in place for any additional medication, equipment or support that may be required. |
| 13.2 | The School will ensure that medication is available for off-site visits where required. |
| 13.3 | The medication will remain in the custody of a member of staff or be stored in a secure location where reasonably practicable. |
| 13.4 | The administering of all medications, even if the pupil can administer the medication themselves, will be supervised by a member of School Office staff or a First Aider |
| 14 | INCLUSION |
| 14.1 | The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. |
| 14.2 | The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. |
| 14.3 | All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment. |
| 14.4 | The school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. |
| 14.5 | The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They will also be made aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. |
| 14.6 | The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided. |
| 14.7 | Staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The school will not penalise pupils for their attendance if their absences relate to their medical condition. |
| 14 | HOME-TO-SCHOOL TRANSPORT |
| 14.1 | Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions. |
| | |

| | |
|-----------|--|
| 15 | COMPLAINTS |
| 15.1 | Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE. |

Date of Policy: July 2022
Review Date: July 2024

Approved by the Trustee Body, Knightsfield School

.....
Chair of Resources and Audit Committee

Date

APPENDIX 1
Roles & Responsibilities

| Role | Responsibility |
|--------------------------|--|
| Role of the Trustee Body | <p>The Trustee Body will:</p> <ul style="list-style-type: none"> • appoint a member of staff to be responsible for Health & Safety with responsibility for the effective implementation, monitoring and evaluation of this policy. This is the School Business Manager: Lucy Pope • ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions: <ul style="list-style-type: none"> ○ All staff providing such support will be provided with access to the insurance policies upon request. |
| Role of the Headteacher | <p>The Headteacher will:</p> <ul style="list-style-type: none"> • ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice; • inform parents of the school policy via the school website; • ensure pupils with medical needs that require the frequent administration of medicine have an up to date Health Care Plan |
| Role of designated staff | <p>Members of staff who administer or supervise the taking of medicine will:</p> <ul style="list-style-type: none"> • undertake appropriate training; • be up to date with the individual Health Care Plans for those pupils with specific medical needs or emergency medication such as asthma inhalers or AAls (e.g. EpiPens) |
| Role of parent/carer | <p>Parents/Carers must provide:</p> <ul style="list-style-type: none"> • written permission by completing a Health Care Plan form and Parental agreement for school to administer medicine form for their child; • sufficient medical information on their child's medical condition; • the medication in its original container; • sufficient medicine for the dosage to be given in school • medication that is in date |

| Role | Responsibility |
|---|---|
| Role of Administrators of prescribed medicines | <p>Members of school staff who administer or supervise the taking of medication will:</p> <ul style="list-style-type: none"> • be aware of Individual Health Care Plans and the symptoms which may require emergency action; • read and check the Health Care Plan/Parent letter before administering or supervising the taking of medicine; • check that the medication belongs to the named pupil; • check that the medication is within its expiry date and not administer the medication if it has expired; • inform the parent/ carer if the medication has reached its expiry date; • confirm the dosage/frequency on each occasion and consult the medication log to prevent double dosage; • record on the medicine record form all relevant details of when the medication was given; • return medications to the secure cabinet for storage; • always take appropriate hygiene precautions; • record when a child refuses to take their medication; • immediately inform the parent/carers of this refusal |
| Role of Administrators of non-prescribed medicines. | <p>Members of school staff who administer or supervise the taking of medication will:</p> <ul style="list-style-type: none"> • check when a pupil last had the medicine before administering; • check that the medicine belongs to the named pupil; • check that the medicine is within the expiry date and not administer the medication if it has expired; • confirm the dosage/frequency on each occasion and consult the medicine record file to prevent double dosage; • record on the medicine file when medicine is administered; • return medicine to the medicine cupboard; • Send letter to parent/ carer informing them that non-prescribed medication was administered to prevent double dosage |

APPENDIX 2: First Aid Procedures

We have formalised first aid procedures to clarify roles and responsibilities as outlined in this document.

The following members of staff have completed the 3-day First Aid Qualification. These staff members will be referred to as “Fully-qualified First Aiders”:

- Vicki MacDonald ;
- Jane Broomfield;
- Matt Jones;
- Sarah Dixon

There are also a number of staff members who have completed the 1-day First Aid Qualification training. These staff members will be referred to as “General First Aiders”

ALL incidents of injury or illness should be recorded with full details by the individual responsible for dealing with medical emergency or administering treatment; including the following details: pupil name, description of the incident, date, time, treatment administered and outcome. This will be held on the pupil’s record.

URGENT CASES

If the level of care needed is urgent, contact Emergency Services if necessary. Send a pupil or other member of staff immediately to notify the School Office so that a fully-qualified first aider can attend the incident.

ILLNESS OR MINOR INJURY

If a pupil feels unwell or sustains an injury during the course of the day, they should receive immediate treatment from the nearest available general first aider. If possible, the pupil should be escorted to the Medical Room and the School Office notified..

A general first aider will administer first aid or will request assistance from a fully qualified first aider if required. One first aider should take responsibility for a pupil’s needs in order to provide a consistent level of care.

If a pupil is placed in the Medical Room, the Medical Room register should be completed and checks made at regular intervals to ensure the pupil remains comfortable. Out of respect to the pupil’s privacy, other staff should not disturb the pupil.

ADMINISTERING MEDICATION

The school will not administer any prescribed or non-prescribed medication without prior written consent or in certain cases email/verbal consent from parents/ carers. Parents/ carers will always receive written notification when the school has administered non-prescribed medication.

NOTIFICATION OF PARENTS

The first aider will determine whether the parents need to be notified of any treatment that has been administered. Parents should always be informed by telephone when a pupil has gone to the Medical Room.

NOTIFICATION OF STAFF

Form tutors and other staff members will be informed by the first aider of the situation if appropriate.

RECORDING THE INCIDENT

The individual responding to the incident is responsible for recording all details including: description of the incident, date, time, treatment administered and outcome. This information will be held on the pupil's record.

APPENDIX 3: Health Care Plan



HEALTH CARE PLAN

To be completed if the pupil has any additional medical conditions. If you require more than one form, please contact the school office.

| | |
|--------------------------------|--|
| Child's Name | |
| Medical Diagnosis or Condition | |
| Date of diagnosis | |
| Review date | |

CLINIC/HOSPITAL CONTACT

| | |
|-----------|--|
| Name | |
| Address | |
| Telephone | |

Please describe your child's medical needs and give details of their symptoms

| |
|--|
| |
|--|

Daily care requirements (e.g.: before sport/at lunchtime)

| |
|--|
| |
|--|

We will keep this information on file as directed in our data protection policy.

Describe what constitutes an emergency for your child and the action to take if this occurs

Follow up care

Who is responsible in an emergency (State if different for off-site activities)

If your son/daughter requires any medication relating to the above, please completed the 'Parental Agreement for School to Administer Medicine' form.

By signing this form, you agree to the above information being shared with external care professionals should emergency treatment be deemed necessary.

Signed: (Parent / Guardian) Date:

Print Name:

We will keep this information on file as directed in our data protection policy.

APPENDIX 4: Parental Agreement for School to Administer Medicine



FORM M1 - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

The School will not give your child medicine unless you complete and sign **both sides** of this form. All medication provided must be in its **original packaging** with the patient information leaflet included.

| | |
|---------------------------|--|
| Child's Name | |
| Year Group | |
| Medical Condition/Illness | |

Medicine

| | |
|---|--|
| Name/Type of Medicine (as described on the container) | |
| Date Dispensed | |
| Expiry Date | |
| Agreed review date to be initiated by (name of member of staff) | |
| Dosage and Method | |
| Timing | |
| Special Precautions | |
| Are there any side effects that the school needs to know about? | |
| Self-Administration | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Procedures to take in an emergency | |

PTO to complete

We will keep this information on file as directed in our data protection policy.

Contact Details

| | |
|---------------------------|--|
| Name | |
| Daytime Telephone Numbers | |
| Relationship to child | |

I accept that this is a service that the school is not obliged to undertake, I understand that I must notify the school of any changes in writing.

I understand that I must deliver the medicine to the School Office.

Signed: (Parent / Guardian) Date:

Print Name:



FORM M2 - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER NON-PRESCRIBED MEDICINE

The School will not give your child medicine unless you complete and sign this form and return it to the school office. All medication provided must be in its **original packaging** with the patient information leaflet included.

| | |
|--------------|--|
| Child's Name | |
| Year Group | |

Medicine

| | |
|---|--|
| Name/Type of Medicine (as described on the container) | |
| Expiry Date | |
| Dosage and Method | |
| Timing | |
| Special Precautions | |
| Are there any side effects that the school needs to know about? | |

Contact Details

| | |
|---------------------------|--|
| Name | |
| Daytime Telephone Numbers | |
| Relationship to child | |

I accept that this is a service that the school is not obliged to undertake, I understand that I must notify the school of any changes in writing.

I understand that I must deliver the medicine to the School Office.

Signed: (Parent / Guardian) Date:

Print Name:|

We will keep this information on file as directed in our data protection policy.

**APPENDIX 5:
Administering Medication**



Administering Medication

John Smith

| Date written permission and instructions received from parents | Name of medication supplied by parents | Date supplied | Quantity supplied | Quantity given to pupil with date and time | Signed |
|--|--|---------------|-------------------|--|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**APPENDIX 6:
CONSENT FOR USE OF EMERGENCY INHALER**



CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

Please only complete this form if your child has been diagnosed with asthma.

1. I confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Child's Full Name:

Parent/Guardian Name:

Signature of Parent / Guardian: Date:

We will keep this information on file as directed in our data protection policy.

**APPENDIX 7:
CONSENT FOR USE OF ADRENALINE AUTO-INJECTOR**



CONSENT FORM FOR USE OF EMERGENCY ADRENALINE AUTO-INJECTORS (AAI) IN SCHOOLS

Please only complete this form if your child has been prescribed an AAI (e.g. Epi Pen/JEXT etc).

1. I confirm that my child has been diagnosed as being at risk of anaphylaxis.
2. My child has been prescribed an Adrenaline Auto-Injector (AAI), clearly labelled with their name, which they will bring to school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their own prescribed AAI cannot be administered correctly without delay, I consent for the school's spare AAI to be administered to my child.

Child's Full Name:

Parent/Guardian Name:

Signature of Parent / Guardian: Date: