



## **Hummingbird Learning Lab (HLL)**

### **First Aid and Medical Treatment Policy**

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**Date Approved:** December 2025

**Date to be reviewed:** December 2027

#### **Related Documents**

[HLL Emergency Procedures Manual 2025-2026](#)

[Reporting Form - Accident](#)

[Important Contacts Info Poster for display in HLL](#) (lists 1st Aid Trained staff)

[Health and Safety Policy](#) (especially 8.2)

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## 1.Aims

1.1 The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

## 2. Legislation and guidance

2.1 This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees.
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

2.2 To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

## 3. Objectives

3.1 To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.

- 3.2 To provide relevant training and ensure monitoring of training needs.
- 3.3 To provide sufficient and appropriate resources and facilities.
- 3.4 To inform staff and parents of the school's First Aid arrangements.
- 3.5 To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

## **4. School First Aid Staff**

4.1 A list of qualified staff is below:

Note: Jemima Robertson booked for EFAW to become appointed person

Dave Strudwick Paediatric First Aid

Andy Carpenter Paediatric First Aid

## **5. Personnel**

### **5.1 The Headteacher**

5.1.1 The Headteacher is responsible for the health and safety of their employees and anyone else on the premises. This includes the teachers, teaching assistants, students and visitors (including contractors).

5.1.2 He/She must ensure that a risk assessment of Hummingbird Learning Lab is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

5.1.3 He/She should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

5.1.4 The Headteacher is responsible for putting the policy into practice and for developing detailed procedures.

5.1.5 The Headteacher should ensure that the policy and information on the school's arrangements for first aid are made available to parents.

5.1.6 All teachers and other staff are expected to do all they can to secure the welfare of the students.

## **6. First Aiders and Appointed Persons**

### **6.1 Definitions**

6.1.1 A First Aider is a person who has attended, successfully completed and has a valid certificate for EFAW Training (Emergency First Aid at Work) which is a one-day,

HSE-compliant course for low-risk workplaces. In addition to this there will be members of the team who are paediatric first aid trained.

6.1.2 'Appointed Person' means a person who has attended, successfully completed and has a valid certificate for the 'Appointed Persons' training.

6.1.3 First Aid means the following:

- Cases where a person will need help from a medical practitioner or nurse
- Treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained
- Treatment of minor injuries which would otherwise receive no treatment or do not need treatment by a medical practitioner or nurse

## 7. Identification of Suitable Employees

7.1 In selecting first-aiders, the Headteacher should consider the person's;

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties. A first aider must be able to leave to go immediately to an emergency

7.2 The Headteacher must ensure that candidates are fully briefed on the role and requirements of being a First Aider. They must understand the health risks associated with rendering First Aid and be prepared to receive appropriate health and immunisation advice.

## 8. Role and Responsibilities of Appointed Persons and First Aiders

8.1 An Appointed Person is someone who:

- Takes charge when someone is injured or becomes ill
- Looks after the first-aid equipment e.g. restocking the first-aid container
- Ensures that an ambulance or other professional medical help is summoned when appropriate

8.2 Appointed persons **may not** train first aiders and **should not** give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate. These courses **do not require** HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation

- First aid for the unconscious casualty
- First aid for the wounded or bleeding

8.3 Emergency first-aid training should help an Appointed Person cope with an emergency and improve their competence and confidence.

## 9. The First Aider's and Appointed Person's role includes:

9.1 The administration of First Aid, up to but not exceeding the level of their training.

9.2 Ensuring that any incident and treatment given is recorded in a suitable local register.

9.3 Reporting immediately to the Headteacher, by telephone, all incidents requiring the attendance of a pupil, member of staff or any person at hospital.

9.4 Ensuring that all spillages of body fluids are cleared up promptly.

9.5 Maintaining stocks in First Aid kit/box (**see Appendix 2**) and;

9.6 Ensuring, in liaison with management that appropriate documentation is completed and that reportable accidents are reported to the line manager as soon as possible after dealing with the immediate effects

## 10. The First Aider's and Appointed Person's responsibilities include:

10.1 Attending an initial approved training course approved by the Health and Safety Executive (HSE).

10.2 Ensuring their own recommended immunisations/injections are up to date.

10.3 Reporting any illness or injuries (to the Health and Safety Officer and Headteacher) which would preclude their abilities to administer First Aid, in order for the School to arrange alternative cover.

10.4 First Aiders also have a responsibility to attend a three yearly refresher training course. (They should attend this course before the expiry of their previous accreditation or they will have to complete the initial training course again).

10.5 First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries. It should be noted that the treatment of minor illnesses, by the administration of tablets or medicines, falls outside the definition of First Aid. (**See Medical Treatment Policy**)

10.6 The role of the first aider is to provide care after an accident or injury including preserving life, minimising further damage and making the patient as comfortable as possible until professional medical or nursing help is available. It is not to give treatment.

10.7 The role of a member of staff discovering a serious injury or illness is to make contact with the school office and, when necessary, take charge until qualified assistance is available.

10.8 Office staff will then contact a First Aid qualified person and may also contact the emergency services.

10.9 The First Aider will decide on whether or not the ill or injured party should move, be moved, or remain undisturbed, and may have to take other appropriate action, depending on the assessment of the situation.

10.10 In the case of a serious incident, available staff should also seek to ensure the safety and welfare of other pupils in the area.

## **11. Indemnity and Insurance**

11.1 Where an employee acting in the course of their employment administers First Aid assistance to another employee or other person in the charge of the school, such as a pupil, they will be indemnified by the liability insurance for a claim of negligence relating to injury or loss caused by their actions, provided that:

- They are a school officially designated First Aider with a current valid First Aid at Work Certificate and have attended relevant refresher training
- They are a school officially designated Appointed Person with a current valid Appointed Persons Training Certificate and have attended relevant refresher training
- The relevant protective equipment (PPE) is used
- The First Aider or Appointed Person is adhering to protocols and acting within the limitations of their training and the First Aider or Appointed Person is acting in good faith.

## **12. Use of the 'Epi Pen'**

12.1 Members of staff who have been trained in the use of the 'Epi Pen' by medical staff, will also be covered provided that:

- The member of staff is adhering to protocols and acting within the limitations of their training
- That the member of staff is acting in good faith

## **13. Procedures**

13.1.1 Reviews are required to be carried out at least annually, and when circumstances alter, at the request of the Headteacher. Recommendations on measures needed to prevent or control identified risks are forwarded to the Headteacher.

## **14. Re-assessment of first-aid provision**

14.1 As part of the school's annual monitoring and evaluation cycle;

- The HR Lead reviews the school's First Aid needs following any changes to staff,

building/site, activities, off-site facilities, etc

- The designated Health and Safety Officer monitors the number of trained First Aiders, alerts them to the need for refresher courses and organises their training sessions
- The designated Health and Safety Officer also monitors the emergency First Aid training received by other staff and organises appropriate training
- The Appointed Person checks the contents of the First Aid boxes termly

## **15. Providing information**

15.1 The Headteacher will inform all staff (including those with reading and language difficulties) of the First Aid arrangements, including the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.

15.2 The Health and Safety Officer

- Provides information packs for new staff as part of their induction programme
- Maintains First Aid notice boards around the building.
- Gives all staff information on the location of equipment, facilities and First Aid personnel. This will appear in the staff handbook

15.3 First Aid Notices will be displayed in a prominent place. First Aid information will also be made available in the school Staff Handbook.

## **16. Provision**

### **16.1 Number of First Aid personnel required**

16.1.1 The Headteacher will consider the findings of the risk assessment in deciding on the number of First Aid personnel required. Schools are low risk environments, but the Headteacher will consider the needs of specific times, places and activities in deciding on their provision.

16.1.2 In particular they should consider:

- Off-site PE and sports
- School trips
- Science labs
- Design Technology/Art rooms
- Adequate provision in case of absence, including trips



- Out-of-hours provision e.g. clubs, events

16.1.3 Arrangements should be made to ensure that the required level of cover of both First Aiders and Appointed Persons is available at all times when people are on school premises.

## 17. First Aiders

17.1 The recommended minimum number of **certified First Aiders is one per 100 students/staff.**

## 18. Appointed person

18.1 The school will appoint at least one Appointed Person.

## 19. Qualifications and Training

19.1 First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE.

19.2 Appointed persons will undertake one-day emergency First Aid training.

19.3 Specialist training in First Aid for children should be arranged in a three year cycle.

## 20. First Aid materials, equipment and facilities

20.1 The Headteacher must ensure that the appropriate number of First Aid containers, according to the risk assessment of the site, are available. (See HSE guidelines on recommended and mandatory contents)

- All First Aid containers must be marked with a white cross on a green background
- Each School minibus must carry a First Aid container
- First Aid containers must accompany PE teachers off-site

20.2 First Aid containers should be kept near to hand, washing facilities and will be available in key areas.

## 21. First Aid Containers

21.1 A schedule showing the locations of First Aid containers will be made available.

21.2 The named Appointed Person will check all containers each month. Any person who uses an item from a First Aid container should inform the Appointed Person as soon as possible so that it can be replaced.

21.3 Items will be discarded safely after the expiry date has passed.

## **22. Responsibility for checking and restocking the first-aid containers:**

22.1 In the school, the Appointed Person.

22.2 For off-site PE, a named member of staff.

## **23. Accommodation**

23.1 The Headteacher must provide a suitable room for medical treatment and care of children during school hours. This need not be a dedicated area but should be close to a lavatory and contain a washbasin.

## **24. Control of Infection**

24.1 Many blood-borne micro-organisms have the capacity to infect a first aider should blood from an already infected casualty enter an open wound or sore on the person of the first aider, for example Hepatitis.

24.2 The HIV virus is not readily transmitted in this way and only a small number of cases of cross infection are documented in health care circles, usually involving heavily infected patients in the latter stages of their condition.

24.3 However, the emergence of HIV/AIDS has served to concentrate attention on sensible and routine protective measures which should always be employed during the treatment of bleeding wounds, regardless of the health or otherwise of the casualty.

24.4 As it is impossible to be sure of who is, or is not, infected with these viruses the following precautions should be taken by First Aiders:

- Treat all casualties as if they are carriers of a virus
- Always cover open wounds on your own hands with a waterproof adhesive dressing
- Where practical, a pair of disposable gloves (latex or nitrile) should be worn when dealing with bleeding or when cleaning up body fluids or excreta
- All used gloves, waste dressings and other contaminated waste should be placed in a plastic bag for disposal (see later)
- Any blood splashes on the skin should be washed off with soap and water
- If a cut or puncture wound by a needle is sustained, let the wound bleed, squeeze it gently but do not suck it. Wash the area in cold running water and apply a sterile dressing. Report the incident and seek medical advice immediately.

24.5 The HIV virus has only occasionally been found in saliva and in very small quantities when compared with blood. No HIV infection is known to have occurred as a result of carrying out mouth-to-mouth resuscitation. Therefore, the risk to the First Aider is thought to be extremely small and should not discourage a prompt response in a life-saving emergency. A protective resuscitation aid can be used where available and this may be kept in First Aid kits.

24.6 Never re-use disposable equipment or use it to treat more than one casualty.

## 25. Dealing with Blood and Body Fluid Spills

25.1 Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill;

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn
- Any spilt blood or other body fluids should be cleaned up, either with disposable absorbent paper towels or with an appropriate sanitizing product

## 26. Waste Disposal

26.1 Waste created by the administration of First Aid is categorised as hazardous as it may contain bodily fluids. However, in most circumstances and premises the amount produced is minimal and as such special arrangements for disposal are not required.

## 27. Reporting accidents

27.1 The following form is used [Reporting Form - Accident](#)

The DSL and DDSL are automatically notified immediately this form is submitted

*The directions below also appear on the Reporting Form - Accident:*

The person completing this form should be the adult who best witnessed the accident. Where possible this should be the person with most responsibility when the accident occurred (e.g. the organiser of an after school activity, not the helper; the lead educator, not a teaching assistant).

Send the required Accident Report email to parents

If the accident involved an injury anywhere on the head, make the required call to parents as well as sending them an email

Describe any action that has/will now be taken to prevent a similar accident

If something from the 1st Aid Box was used, message the Receptionist requesting it be replaced

Inform all teachers and the Head Teacher about the accident so they can minimise the spread of mis-information amongst students and parents and can decide whether they need to send a communication (e.g. to the wider parent community) to dispel rumours

The Headteacher or Head of School will investigate accidents and take remedial steps to avoid similar instances. The Site Manager will assist as required.

27.2 Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (**RIDDOR**) some accidents must be reported to the HSE.

27.3 The Headteacher must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

27.4 The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days

**For definitions, see HSC/E guidance on RIDDOR1995, and information on Reporting School Accidents (Annex A).**

## **28. Accidents/Near miss reporting and investigation**

### **28.1**

**Hummingbird Learning Lab** shall implement procedures in accordance to the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, and shall report;

- Fatalities and specified injuries.
- Injuries resulting in incapacity for more than 7 days
- Specified occupational diseases
- Dangerous occurrences

All employees, students, self-employed, trainees and other persons injured in or on the premises, are included within the above arrangements. The HSE education information sheet No. 1 will be referred to when the incidents relate to pupils or other persons who are not at work.

Dangerous occurrences, industrial diseases, injuries to members of the public (which result in the person being taken to hospital from the site for treatment), fatalities and specified injuries will be reported immediately either by telephoning the Incident Contact Centre on 0845 300 99 23, or by reporting online at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor), followed up by a written notification within 10 days of the incident. Cases of over-seven-day injuries will be reported online within 15 days of the incident occurring. Cases of disease will be reported online as soon as a doctor notifies the Trust that our employee suffers from a reportable work-related disease.

In addition, records must be kept of all of 'over-three-day injuries', which are those where a person who is injured at work is incapacitated for more than three consecutive days. Over- three-day injuries do not, however, have to be reported to the enforcing authority.

All accidents on site shall be reported to the Head Teacher, who shall ensure an entry is made in the accident book, which is retained on site. The Head Teacher will nominate persons who are authorised to record incidents in the accident book. The Premises Governor and the school's Health and Safety Advisor must be advised of all accidents where it involves time away from the school for either the pupil or employee, or the injured party requires professional medical attention (other than basic first aid). Where appropriate the DSL or DDSL will report the accident to the HSE in compliance with RIDDOR.

All reportable accidents will be investigated thoroughly by the Head Teacher and the school's Health and Safety Advisor and the evidence clearly recorded. The governing body at its discretion may choose to investigate non-reportable incidents. The injured party and witnesses shall be interviewed, and statements documented. The sequence of events shall be established and a root cause for the accident determined. Corrective measures shall be identified and implemented to prevent recurrence. A formal investigation report shall be produced and distributed to the headteacher. The record in the accident book shall be updated as necessary.

The systems and procedures documented within this safety policy have been developed to actively reduce or eliminate accidents and dangerous occurrences. The Governing Body firmly believes accident prevention is the primary objective.

A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. The governing body requires all employees to report (and where possible correct) these potential accidents/incidents immediately. Near miss's events should be reported to the Premises Manager.

## **29. Record keeping**

29.1 Statutory accident records: The Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. (see DSS The Accident Book BI 510)

29.2 School's central record: This can be combined with the RIDDOR record and the Accident Book, providing all legislation requirements are met.

29.3 The Headteacher must ensure that a record is kept of any First Aid treatment given by First Aiders or Appointed Persons. This should include:

- The date, time and place of incident
- The name (and tutor group if a student) of the injured or ill person
- Details of their injury/illness and what First Aid was given
- What happened to the person immediately afterwards
- Name and signature of the First Aider or person dealing with the incident

29.4 The Headteacher must have in place procedures for ensuring that parents are informed of significant incidents.

## **30. Monitoring**

30.1 Accident records can be used to help the Heads and Health and Safety Officers identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

30.2 The Headteacher should establish a regular review and analysis of accident records.

30.3 The Headteacher will ensure that this list is kept up to date and that, where required, qualifications are renewed as required.

30.4 The Headteacher will review the list at the start of each term to ensure compliance with the policy.

## **31. Monitoring, Evaluation and Review**

31.1 The Governing Body will regularly review this policy and assess its implementation and effectiveness.

31.2 The policy will be promoted and implemented throughout the school.

## **32. Medication**

Please note that parents should keep their children at home if acutely unwell or infectious.

### **32.1 Aims of the Medication Policy**

1) To ensure the safe administration of medicines to children where necessary and to help to support attendance

2) To ensure the on-going care and support of children with long term medical needs via a health care plan

3) To explain the roles and responsibilities of school staff in relation to medicines

4) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness

5) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage

6) To outline the safe procedure for managing medicines on school trips

### **32.2 Roles and Responsibilities**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Healthcare Professionals, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware of what action to take.

Specific advice and support from the Healthcare professionals will be given to staff who agree to accept responsibility, as delegated by the Head of School, for administering medicines and carrying out procedures.

#### HEADTEACHER/HEAD OF SCHOOL

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of the school's Medicines Policy
- To ensure that this policy is reviewed annually

#### STAFF

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary, without delay
- Educational Visits Leader – see section 2.3 below

#### PARENTS/CARERS

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered at school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

#### 32.3 Prescribed Medicine

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent. A copy of the required form for prescribed medication is available from the Health Administrator

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

#### 32.4 Non-prescribed Medicine

- The school will only administer Calpol or Piriton Syrup when parents have completed the non-prescribed form held with the Health Administrator and have agreed to the following terms:
- Non-prescribed medication will only be administered by the school after 1pm
- The school will require verbal confirmation by telephone that the parents/carers are still happy for them to administer the non-prescribed medicine and the parents/carers

understand that the school will not administer any non-prescribed medicine until we have had this permission.

- When the parents are contacted by telephone to gain verbal confirmation, there will be 2 members of staff present.
- We will only give the dosage that is recommended by Calpol/Piriton manufactures
- We will only administer non-prescribed medicine once in the school day
- We will not administer non-prescribed medicine for more than 3 consecutive days and verbal consent will have to be obtained every day the medicine is required.
- It is the parent's/carers responsibility to check that their child has the non-prescribed medicine administration slip ( Held by the Health Administrator) at the end of the school day.
- I understand that school will not administer non-prescribed medicine without written and verbal consent ( Held by Health Administrator)
- It is the HoS final decision on whether non-prescribed medicine should be administered or whether the child's guardian should come to school to administer the medication themselves.
- Only Piriton Syrup or Calpol supplied by the parents will be administered.
- The school will only administer Calpol or Piriton Syrup.

#### 32.4 Storage of medication

Each item of prescribed medication must be delivered to the main reception of the school, in normal circumstances by the parent/carer, in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Pupil's Name.
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important). Expiry date.

Non-prescribed medicine (Calpol or Piriton Syrup) must be delivered to the main reception area of the school, in normal circumstances by the parent/carer in its original bottle. The parents/carers are also responsible for labelling it with the child's name and checking it is in date.

- The school will not accept items of medication in unlabelled containers.
- Medication will be kept in a secure place, out of the reach of pupils. Unless, otherwise indicated, all medication to be administered in school will be kept in a locked cabinet.
- Inhalers and Epipens will be kept in the students studio. Educators must make sure that all pupils who have an inhaler/Epipen MUST take them on educational trips.
- All other medication must be handed into the school office. No pupil should carry medication around with them

#### 32.5 Administating Medicine

- The school will keep records of when prescribed and non-prescribed medication is taken, which will be available for parents on request.



- Students receiving non-prescribed medication will be given a slip to take home which indicates the dosage and the time the medicine was administered. It is the parents/carers responsibility to check that their child has this form at the end of the school day.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School. The school will endeavour where possible for another member of staff to be available to witness the administration of medication.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

#### 32.6 Changes in Medication

- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- Only non-prescribed medicine will be kept in school when a child requires it. The school will not be responsible for keeping non-prescribed medicine for longer than 3 consecutive days.

#### 32.7 Major Emergency

In the event of a major emergency e.g. the evacuation of the school, we would go to a place of shelter and contact the relevant authorities. We will only ensure that prescribed medication is with us at all times and is secure. Please see [EMERGENCY PROCEDURES MANUAL](#)



## Medical Treatment Contents

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## 1 Introduction

1.1 Hummingbird Learning Lab(HLL) is committed to giving all its students opportunities to access the curriculum. Every effort will be made to ensure that students with medical needs experience the best possible care whilst at the school. This policy provides a sound basis for ensuring that children with medical needs receive proper care and support at HLL. In addition, the School has adopted the guidance published by the DfE/Department of Health entitled ***“Supporting Pupils with Medical Needs: a good practice guide”***.

1.2 All medical information received by HLL will be treated confidentially. Information to ensure the safety and care of individual students will be disclosed as appropriate to staff of the school. Such procedures will be discussed with the student and parent for their agreement prior to the disclosure.

1.3 The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in HLL and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

## 2 Students with long-term medical needs

2.1 Students with medical needs entering HLL entering at any Key Stage from local/other schools will usually be identified through discussions with their previous teacher. Such information will be checked with the parent to ensure appropriate records are kept and appropriate provision can be made.

2.2 Parents are requested to approach the school with any information that they feel the school will need to care for individual students. The parent will be required to complete a Medical Statement form to identify any medical needs. This may require endorsement from the student's General Practitioner.

2.3 Parents are responsible for informing the school of medical issues that arise during the student's time in the school.

## 3 Medicines in the School

3.1 The Headteacher in charge of pastoral care should be informed of any medication brought into the school at any time. This information must be logged on the medical register and management information system.

3.2 Information regarding any prescribed medication should be made available to the student's Form Tutor.

3.3 In the event of any special form of administration of medication being required, the parent must contact the school so that arrangements can be made for this to occur.

## **4 Roles and Responsibilities**

4.1 All staff in schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is good practice that the school will review cases individually and administer medicines in order to meet the all-round needs of the young person. However, there is no legal duty requiring staff to administer medication or to supervise a young person when they are taking medicines. This is a voluntary role.

4.2 Under the Equality Act 2010, Academies, schools and educational settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.

4.3 The Headteacher, in consultation with the Governing Body, staff, parents/carers and health professionals are responsible for deciding whether the School can assist a child with medical needs. The Headteacher is responsible for;

- Implementing the policy on a daily basis
- Ensuring that the procedures are understood and implemented
- Ensuring appropriate training is provided
- Making sure there is effective communication with parents/carers, children and young people, school staff and all relevant health professionals concerning the pupil's health needs

4.4 Staff, including supply staff, must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person with responsibility for medical care.

## **5 Parents/Carers**

5.1 It is the responsibility of parents/carers to;

- Inform the school of their child's medical needs
- Provide any medication in a container clearly labelled with the following;
  - THE YOUNG PERSON'S NAME
  - NAME OF MEDICINE
  - DOSE AND FREQUENCY OF MEDICATION
  - SPECIAL STORAGE ARRANGEMENTS
- Collect and dispose of any medicines held in school at the end of each term
- Ensure that medicines have not passed the expiry date

## **6 Student Information**

6.1 Parents/carers will be required to give the following information about their child's long term medical needs and to update it at the start of each school academic year;

- Details of pupil's medical needs
- Medication, including any side effects
- Allergies
- Name of GP/consultants
- Special requirements e.g. dietary needs, pre-activity precautions
- What to do and who to contact in an emergency
- Cultural and religious views regarding medical care

## 7 Health Care Plan

7.1 Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed annually.

## 8 School off-premises visits

8.1 HLL believes that all students are entitled to participate fully in activities associated with the school and will attempt at all times to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept.

8.2 To ensure that as far as possible, all students have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all students and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

8.3 Residential trips and visits off site;

- Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip
- If it is felt that additional supervision is required during any activities the school may request the assistance of the parent/carer. (***Please see the Off-site Activities Policy for more details***)

## 9 Policy on specific medical issues

9.1 The school welcomes all students and encourages them to participate fully in all activities.

9.2 The school will advise staff on the practical aspects of management of:

- Asthma attacks
- Diabetes
- Epilepsy
- An Anaphylactic Reaction

9.3 The school will keep a record of students who may require such treatment.

9.4 The school expects all parents whose children may require such treatment to ensure that appropriate medication has been lodged with the school together with clear guidance on the usage of the medication.

## 10 Administering Medication

10.1 It is expected that parents/carers will normally administer medication to their children at home. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form (Appendix 1)** must be completed. As stated in paragraph 3, staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role and only a named member of staff may take this role.

10.2 The Headteacher will decide whether any medication will be administered in the school and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

10.3 Any named member of staff, on each occasion, giving medicine to a pupil should check;

**Name of student**

**Written instructions provided by the parents/carers or doctor**

**Prescribed dose**

**Expiry date**

10.4 Written permission from the parents/carers will be required for students to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed. (**Appendix 2**)

## **11 Storage**

11.1 All medicine will be kept in a locked cabinet in the school's administration office. All medicine will be logged onto the school's file. Inhalers must be labelled with the pupil's name (unless the pupil has permission to carry their inhaler).

## **12 Records**

12.1 Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following;

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects
- If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

## **13 Refusing Medication**

13.1 If a pupil refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be

recorded and dated on the pupil's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the named member of staff.

## 14 Training

14.1 Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

## 15 Invasive treatment

15.1 ***This will only take place at the discretion of the Headteacher and Governors, with written permission from the parents/carers and only under exceptional circumstances.*** Two adults, one of the same gender as the student, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All such treatment will be recorded.

## 16 Emergency Procedures

16.1 The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

## 17 Carrying medicines

17.1 For safety reasons students are not allowed to carry medication. All medicines must be handed to the school administration staff or Senior Leader on entry to the school's premises.

## 18 Monitoring and Review

18.1 This policy will be monitored and reviewed by the Governing Body.

## **APPENDIX 1**

[Action in the Event of Injury – Aide Memoir summary](#)

[Procedures for First Aid Staff](#)

## **APPENDIX 2**

[First Aid Information](#)

## **APPENDIX 3**

[Incident Form/Flow chart/Administration of Medication form](#)

## **APPENDIX 4**

[Useful Contacts and local info](#)

## **References**

## **APPENDIX 1**

### **Action in the Event of Injury – Aide Memoir summary**

People with minor injuries should report to the nearest First Aider.

Students needing First Aid during a lesson should be referred to the nearest First Aider by a member of staff. They should be accompanied by another student (if the injury is minor) or by another adult if the injury is more serious.

If it would further endanger the student then the nearest First Aider should be called to the casualty and Reception informed.

**Casualties with suspected fractures or back or neck injuries must not be moved unless directed by the ambulance personnel. For the patient's safety and insurance reasons, they must NOT be moved on the instructions of ANY bystander.**

Injuries and accidents that occur during non-contact and break times should be dealt with in a similar way by the Duty Staff.

No student should be left unattended in the Medical Room.

In more serious cases, where hospital attention is deemed necessary an ambulance will be called and the parent contacted by a member of staff.

In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives.

If a parent cannot be contacted, the school will act in loco parentis and give permission for any emergency treatment.

[First Aid Posters from High Speed Training 2025](#)



## Procedures for First Aid Staff

First Aid should only be administered in response to an immediate and serious medical problem.

First Aid staff are not allowed to administer any medication or cream without parental consent.

No treatment or procedure should be attempted for which formal training has not been undertaken.

All head injuries must be reported and referred on to the nearest casualty department.

Parents of students who have received First Aid must be advised at the earliest opportunity of the incident, the injury and the action taken.

## APPENDIX 2

### First Aid Information

The following members of staff hold HSE approved First Aid at Work Certificates and can be used in an emergency.

The following members of staff hold Paediatric First Aid and can be used in an emergency.

**Dave Strudwick**

**Andy Carpenter**

If an ambulance is needed dial 999

### Statutory Training

#### First Aid at Work

This is the basic First Aid course, which covers a wide range of situations from low to high risk. On successfully undertaking training and passing a written and practical assessment, the person will be issued with a First Aid at Work Certificate valid for three years. This qualification is renewable within the valid time of the certificate. Once the certificate date has expired the person will need to attend the full First Aid at Work course. This course takes place over a days (24 hours tuition). Where staff may need to administer First Aid to children under seven years of age, an appropriate additional paediatric resuscitation module must also be taken.

#### First Aid at Work Refresher

This training re-qualifies holders of a First Aid at Work Certificate providing they pass their written and practical assessment. Those who wish to renew their certificate must do so before the three year expiry date, ideally 2 years 10 months. This course takes place over two days (12 hours tuition). Where staff may need to administer

First Aid to children under seven years of age, an appropriate additional paediatric resuscitation module must also be taken.

### **Appointed Person**

The minimum requirement on an employer is to appoint a person to take charge of First Aid arrangements and any emergency First Aid situation. An Appointed Person can provide temporary cover for First Aiders, ensuring that someone is always available to give First Aid immediately following an incident. The certificate is valid for three years. This course takes place over one day (6 hours tuition). Where staff may need to administer First Aid to children under seven years of age, an appropriate additional paediatric resuscitation module must also be taken.

### **Statutory Training**

Refresher Training (update in First Aid skills)

This is additional training to ensure that practical skills are maintained and is not an alternative to statutory training. This training should be carried out annually by all designated First Aiders and Appointed Persons. This course takes place over 3 hours.

### **First Aid Equipment**

A minimum of one First Aid box of appropriate size should be provided for each establishment and/or building and any school vehicle. Passenger carrying vehicles (PCV) and minibuses must carry First Aid kits that comply with PCV and Minibus Regulations. Each First Aider should have their own First Aid kit for rapid access in an emergency situation.

All First Aid kits/boxes should be identified by a white cross on a green background and contain the following minimum items:

### **Guidance card**

Sterile dressings, 6 small, 6 medium and 2 large

20 Individually wrapped sterile adhesive dressings (blue detectable in food preparation areas)

2 Sterile eye pads

4 Triangular bandages

12 Safety pins

2 Disposable gloves

1 x 300ml bottle of sterile water or normal saline should be supplied where tap water is not available

Individually wrapped moist wipes could be supplied where tap water is not available

1 pair scissors (First Aid Type)

1 roll micro pore tape

1 Resusci-ade mouthpiece and Pencil and paper

Quantities should be decided upon in the light of risk assessment, taking into account the number of staff and pupils.

**There must be no medication of any kind, for example aspirin, paracetamol, antiseptic creams, burn sprays, etc within the First Aid kit/box, and administration of medication in a First Aid situation is not part of the First Aider's role.**

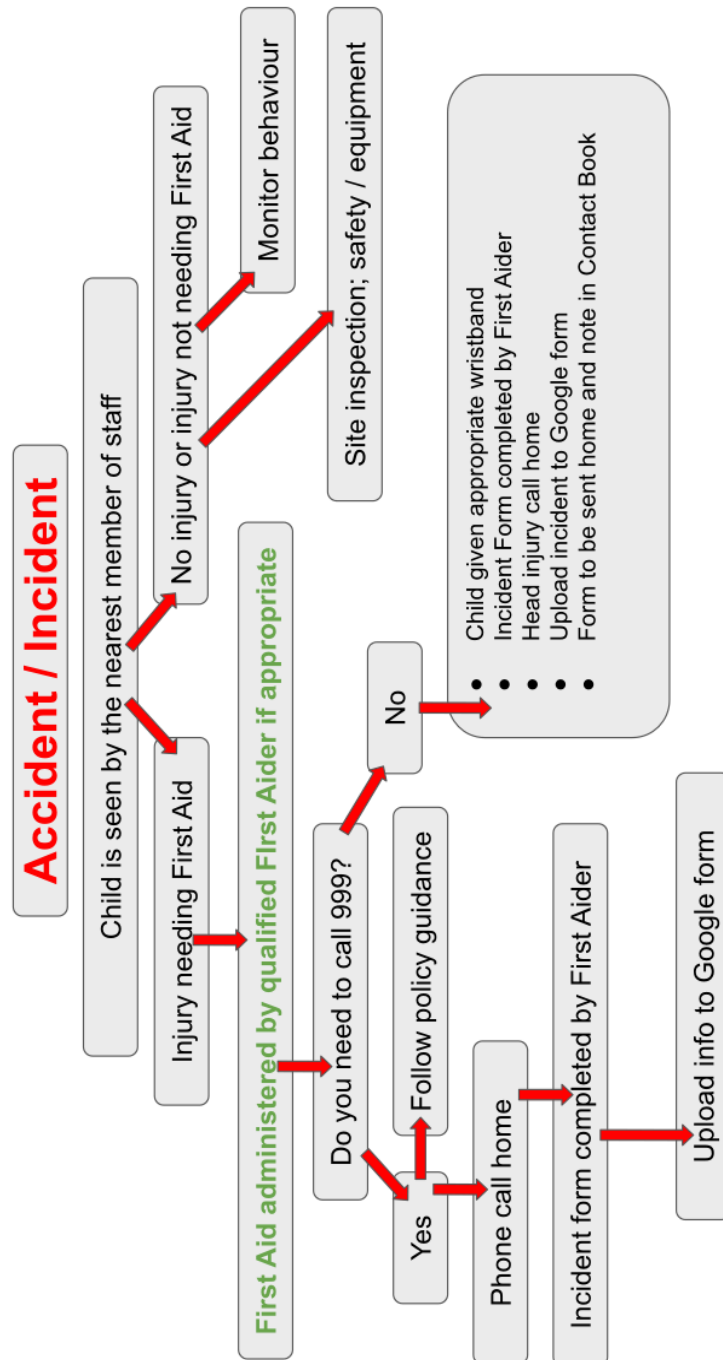
The reasoning behind this is:

- In the case of tablets you may not know if any medication has previously been taken or, if it has, what dosage and when. This being the case, your 'prescription' may adversely affect any further treatment or surgery that may later be required
- If the wrong cream were used for the wrong injury, or used inappropriately, there may be serious scarring and long term discomfort for the casualty. There may also be the chance of an adverse allergic reaction

**Since First Aid containers are available to anyone who wishes to use them, the possibility of the problems highlighted above occurring is quite high.**

The provision of plasters, contrary to popular belief, is fine. Most people will know if they are allergic to plasters and will ask for alternatives to be used.

Bleach (Sodium Hypochlorite), or one of the available proprietary combined soak and disinfectant products, should be available in the workplace for cleaning up spillages of body fluids, but should not be located with, or in, the First Aid box. Clinical disposal bags should also be provided.



## APPENDIX 3

### Incident Form

[Reporting Form - Accident](#)

## APPENDIX 4

### Useful Contacts and Local Information

Nearest defibrillator is at Jubilee Park nr dovecote - others found at <https://www.defibfinder.uk/>

HLL 1st Aid Trained staff identified on the [Important Contacts Info Poster for display in HLL](#) displayed throughout the school.

Where appropriate consult the [Allergy/Medical Conditions List](#) - hard copy next to the printer

If the injured person is a student, their parents/carers must be called (phone details in [Students 25/26](#)). If the learner is conscious and the injury is not very serious, their parents can decide whether to pick them up and take them to the doctor or let them finish the school day.

### Emergency Medical services

Updated 25/9/25

#### Wondering whether to call an ambulance? That's your sign to call an ambulance!

Please note that **999 can advise you to as the best place to travel** to when an ambulance will be a long time. This info can be passed onto parents. Most issues can be dealt with at Yeovil  
Anything more serious, Bath.

Where possible, have a student's parent drive them.

#### 1. Hospitals

##### Yeovil Hospital

Higher Kingston, Yeovil BA21 4AT

**01935 475122**

Approx 35mins drive

A&E

##### RUH Hospital Bath

Combe Park, Bath, Avon BA1 3NG

**01225 428331**

Approx 1 hr drive

**As we are in a rural area there can be very long waits for an ambulance  
999 will advise if they suggest driving to a hospital. This info can be passed  
onto parents.**

## **2. Minor injuries**

### **Wincanton**

Dykes Way, Wincanton, BA9 9FQ

**07470 754559**

### **Shepton Mallet**

Shepton Mallet Community Hospital,

**01749 342931**

Open seven days a week 8am to 9pm.

### **Frome**

Frome Community Hospital,

**01373 454770**

Open: Seven days a week 8am to 9pm (last patient admitted at 8:30pm, there may be times when the UTC needs to close early).

X-ray is available at Frome UTC during these times: 9am to 4pm, Monday to Friday

### **British Red Cross**

9 Grosvenor Crescent

London

SW1X 7EJ

**Tel: 0171-235 5454**

### **Child Accident Prevention Trust**

Clerks Court 18-20 Farringdon Lane

London

EC1R 3AU

**Tel: 0171-608 3828**

### **CLEAPPS School Science Service**

Brunel University

Uxbridge

UB8 3PH

**Tel: 01895 251496**

**Royal Society for the Prevention of Accidents  
(ROSPA)**

Edgbaston Park  
353 Bristol Road  
Birmingham  
B5 7ST  
**Tel: 0121-248 2000**

**Department of Health**  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG  
**Tel: 0171-972 2000**

**Health and Safety Executive**  
HSE First Aid Applications and Monitoring Section  
Quay House  
Quay Street  
Manchester  
M3 3JB  
**Tel: 0161-952 8276**

**HSE Infoline**  
**Tel: 0541 545500**  
or write to:  
HSE Information Centre  
Broad Lane  
Sheffield  
S3 7HQ

**Department for Education**  
Sanctuary Buildings  
Great Smith Street  
Westminster  
London  
SW1P 3BT  
**Tel: 0171-925 5000**

**St John Ambulance**  
1 Grosvenor Crescent  
London  
SW1X 7EF

## References

“Supporting Pupils with Medical Needs: a good practice guide”, DfE/Department of Health

DfE Circular 14/96 “Supporting Pupils with Medical Needs in School”

## APPENDIX 5

### REQUEST TO ADMINISTER MEDICATION FORM

**(To be filed in Medication Administration Record File)**

HLL will not give your child any medication unless you complete and sign this form and the Headteacher/ Senior Leadership Team has confirmed that school staff have agreed to administer the medication.

#### DETAILS OF STUDENT

Surname:

Address:

Forename (s):

M/F:

Date of Birth:

Class/Form:

Reason for medication

.....

**Please complete below contact details for 2 parents/carers and the student's GP**

#### CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Student:

Address:



**CONTACT DETAILS:**

Name: Daytime Contact Telephone No:

Relationship to Student:

Address:

**GP CONTACT DETAILS:**

Name: Daytime Contact Telephone No:

Address:

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in the school and accept that this is a service which the school is not obliged to undertake.

Date: Signature (s):

.....

**MEDICATION**

Name/Type of Medication (as described on the container):

For how long will your child take this medication?

Date dispensed:

.....

**FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container):

Method:

Timing:

Special Precautions:

a) I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her medication on him/her for use as necessary: (please note that this option excludes Methylphenidate e.g. Ritalin, Equasym).

## APPENDIX 6

### REQUEST TO SELF-ADMINISTER MEDICATION FORM

**(To be filed in Medication Administration Record File)**

HLL will not permit your child to self-administer any medication unless you complete and sign this form and the Headteacher/ Senior Leadership Team has confirmed that school staff have agreed to supervise them (if necessary)

#### DETAILS OF STUDENT

Surname:

Address:

Forename (s):

M/F:

Date of Birth:

Class/Form:

Reason for medication

.....

**Please complete below contact details for 2 parents/carers and the student's GP**

#### CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Student:

Address:

#### CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Student:

Address:

**GP CONTACT DETAILS:**

Name:

Daytime Contact Telephone No:

Address:

**PLEASE COMPLETE THIS SECTION REGARDING STORAGE OF MEDICATION**

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in the school and accept that this is a service which the school is not obliged to undertake.

Date:

Signature (s):

.....

a) I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her medication on him/her for use as necessary: (please note that this option excludes Methylphenidate e.g. Ritalin, Equasym).

**MEDICATION**

Name/Type of Medication (as described on the container):

For how long will your child take this medication?

Date dispensed:

.....

**FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container):

Method:

Timing:

Special Precautions:

**PLEASE OUTLINE BELOW ANY SPECIAL ARRANGEMENTS THAT NEED TO BE MADE  
FOR YOUR SON OR DAUGHTER TO SAFELY SELF-ADMINISTER THEIR MEDICATION**

**Is supervision of this self-administration required?**

**Yes**

**No**

(Please delete accordingly)