

## **Annex 2: Form templates**

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

## **Form 1: Contacting emergency services**

### **Request for an Ambulance**

Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1. State your telephone number.
2. Give your location as follows [insert your address].
3. State that the postcode is [insert your address].
4. Give the exact location in the education setting [insert a brief description].
5. Give your name.
6. Give the name of the learner and a brief description of symptoms.
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].
8. Don't hang up until the information has been repeated back.

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

Put a completed copy of this form by all the telephones in the education setting.

## Form 2: Parental agreement for education setting to administer medicine

[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

### 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 setting needs to know about?

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s) .....

### Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

It is agreed that [name of learner] ..... will receive

[quantity or quantity range and name of medicine] .....

every day at ..... [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] ..... will be given/supervised while

they take their medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers] .....

Date

Signed .....

[The headteacher/head of setting/named member of staff]

**Form 4: Record of medicine stored for and administered to an individual learner**

Name of setting

Name of learner

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature .....

Signature of parent/carer .....

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials



### Form 5: Record of medicines administered to all learners – by date

Name of setting

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[illegible]

## Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.

**If staff have any concerns discuss this request with healthcare professionals.**

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer ☐

Administer from stored location ☐

Procedures to be taken  
in an emergency

### Contact information

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed parent/carer ..... Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date

## Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] ..... has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [please state how often] .....

Trainer's signature ..... Date

I confirm that I have received the training detailed above.

Staff signature ..... Date

Suggested review date

## Form 8: Medication/healthcare incident report

Learner's name \_\_\_\_\_

Home address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

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### Correct medication and dosage:

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<b>Medication normally administered by:</b>	Learner	<input type="checkbox"/>
	Learner with staff supervision	<input type="checkbox"/>
	Nurse/school staff member	<input type="checkbox"/>

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### Type of error:

Dose administered 30 minutes after scheduled time ☐

Omission ☐ Wrong dose ☐ Additional dose ☐

Wrong learner ☐

Dose given without permissions on file ☐ Dietary ☐

Dose administered by unauthorised person ☐

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### Description of incident:

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### Action taken:

☐ Parent notified: name, date and time \_\_\_\_\_

☐ School nurse notified: name, date and time \_\_\_\_\_

☐ Physician notified: name, date and time \_\_\_\_\_

☐ Poison control notified

☐ Learner taken home

☐ Learner sent to hospital

☐ Other:

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### Note: