

FORM 1: Contacting Emergency Services

Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number **02920 791345**
2. Give your location as follows
Rumney Primary School, Wentloog Road, Rumney, Cardiff
3. State that the postcode is **CF3 3HD**
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to
8. **Don't hang up until the information has been repeated back.**

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

Put a completed copy of this form by telephones in the school

FORM 2: Health Care Plan

Name of School/setting	
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Child's name	
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Group/class/form	
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Date of birth	/ /
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Child's address	
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Medical diagnosis or condition	
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Date	/ /
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Review date	/ /
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Contact member of staff	
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Family Contact Information

Name	
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Phone no. (work)	
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Home	
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Mobile	
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Clinic/Hospital Contact

Name	
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Phone No	
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G.P

Name	
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Phone No	
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Describe medical needs and give details of child's symptoms

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Daily care requirements (eg before sport/at lunchtime/home/school trips)

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Is there any further information which should be known with regard to the administration of the above provision which needs to be considered? *e.g. Emotional, Social Need, Awareness of their condition, development*

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

Form copied to:

Signed by:

Date:

Parents

Head teacher/Nominated person

Health Professional

FORM 3: Parental agreement for Rumney Primary School to administer medicine
The school will not give your child medicine unless you complete and sign this form

Name of child	
Date of birth	
Year Group and Class	
Medical condition or illness Name and strength of medicine	
Expiry date	
How much to give (i.e.) dose to be given	
When to be given Self-administration appropriate	
Any other instructions Are there any side effects that the school needs to know about?	
Number of tablets/quantity to be given to school	
<i>Note: Medicines must be in the original container and labelled with the child's name as dispensed by the pharmacy</i>	
Emergency contact name	
Daytime telephone number	
Relationship to child	
Name and phone number of GP	
Agreed review date to be initiated by <i>[name of member of staff]</i>	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	

Name of parent / carer (print)	
Date	Signature

If more than one medicine is to be given a separate form should be completed for each one.

FORM 5: Request for child to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken
in an emergency

Contact Information

Name

Daytime phone no

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Form 6: Medication/healthcare incident report

Learner's name _____

Home address _____ Telephone no. _____

Date of incident _____ Time of incident _____

Correct medication and dosage:

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

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

Description

of incident:

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: _____

Note:
