

# St Alban's C of E Academy



## Health Care Planning Forms

## Emergency Planning



**Request for an Ambulance to: St Alban's Academy**

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

1	Your telephone number:  School's telephone number: 01902 558825
2	Give your location as follows: St Alban's Academy St Albans Close, Wolverhampton WV11 2PF
3	Give exact location in the school
4	Give your name
5	Give brief description of pupil's symptoms
6	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to...

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

# Individual Healthcare Plan "IHP" for a Child with Medical Needs AY2020/21

To be reviewed termly by Named Staff and Parents



<b>Child's Full Name</b>		
Child's Date of Birth		
Condition		
Child's Class		
Named Staff Member 1 Overseeing IHP (SENCO)	Mrs S Walker	Signature
Named Staff Member 2 Overseeing IHP (Class Teacher)	Name	Signature
Headteacher/Head of School	Name	Signature

## Contact Information

Family Contact 1		Family Contact 2	
Name		Name	
Phone N° (work)		Phone N° (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	
Signature	Date	Signature	Date

Clinic/ Hospital Contact		GP Contact	
Specialist Name		GP Name	
Clinic/Hospital		Surgery	
Phone N°		Phone N°	

**Medication and apparatus required to fulfil this IHP:**

**Describe the condition and give details of the child's individual symptoms:**

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

**Describe what constitutes an emergency for the child and the action to take if it occurs:**

**Who is responsible if there is an emergency (N.B. different people may be responsible in different circumstances):**

Please also note p1 of this IHP re: Staff Members Overseeing this IHP

**Copies of this form sent to (e.g. School Nurse):**

**Administration Checks:**

Hard copy IHP folder created – to be stored with child's medication	Name	Signature	Date
IHP scanned and saved on T: Drive	Name	Signature	Date

**Review – sent via ParentMail as a minimum:**

	Named Staff 1	Named Staff 2	AY2021/22 Teacher
Autumn Term	Signature	Signature	
Spring Term	Signature	Signature	
Summer Term	Signature	Signature	Signature

## Providing Medication Form (To be printed double sided)



Apparatus used to administer medication must be recorded on this form e.g. inhaler

Child's Name		
Child's Class		
Medication Name		
Prescribed on (date) Prescription must be attached		
Expiry Date		
Medication provided is	Full, $\frac{3}{4}$ full, $\frac{1}{2}$ full, $\frac{1}{4}$ full (please circle)	
Parent Name		
Parent Signature	signature	date
Staff Name		
Staff Signature	signature	date

## Medication in to school

[illegible]

### **Medication out of school**

[illegible]



## **Asthma Planning Form for a Pupil with Asthma**

In order for us to have medication on site please complete the form below. Please give us as much detail as possible about when your child may/will need their inhaler, and what symptoms to look out for. If a child is in KS2 it may be that they can self-administer; if so notify us below.

All medical items (inhaler, spacer etc.) must be prescribed by a doctor and clearly marked with your child's name. Please ensure you update school of any changes in your child's medical condition or medication.

### **My child suffers from Asthma**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Year Group: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Medication name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Inhaler given to school: \_\_\_\_\_ Spacer included: \_\_\_\_\_

When does the inhaler need to be administered? \_\_\_\_\_

### **In case of an attack of Asthma**

Typical symptoms for this pupil:

Medication required and treatment procedure:

Quantity needed (dose) and when:

Procedure in case of failure to respond to medication:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **Emergency Reliever Inhaler**

In the event of my child, \_\_\_\_\_ having symptoms of asthma and if their inhaler is not available or is unusable, I do/do not (delete as appropriate) consent for my child to receive the Salbutamol from an emergency inhaler held by the school for such emergencies.

Please note that the emergency inhalers are one time use only inhalers.

Parent Signature:

Print Name:

Date:



