Children with Medical Conditions (including the Administering of Medicines) and First Aid Policy

November 2025
Review November 2026

Version Control

Version Control	Date	Actions
V1	Summer 2016	
V2	September 2018	Jane Fisher
V3	September 2020	Jane Fisher
V4	September 2022	Reviewed by Kate Lanning
V5	November 2024	Added appendix E Amended appendix E to F Updated where medicine is stored Added what to do with medication in an evacuation situation, for example when there is a fire alarm.

		Added in the use of over the counter medicine when agreed by parents Ratified by Governors at Full Governing Board 26/11/2024. Ratified policy shared with all staff.
V6	November 2025	Reviewed by Kate Lanning, no amendments Ratified by Governors at Full Governing Board 25/11/2025. Ratified policy shared with all staff.

References

DfE: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities (January 2013)

DfE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014)

Equality Statement for Tunstall Nursery School

Our nursery values the individuality of all of our children. We are committed to giving all our children every opportunity to achieve their full potential. We do this by taking account of children's varied experiences and needs. We offer a broad and balanced curriculum, and have high expectations of all children. The well-being, attitudes and achievements of all our children matter.

Aims

- We aim not to discriminate against anyone, be they staff, pupil or parent, on the grounds of gender, race, disability (including medical needs), sexual orientation, gender reassignment, religion/belief, age, attainment or background (including family circumstances).
- We aim to promote the principle of fairness and justice for all through the education that we provide in our nursery. We recognise that doing this may entail treating some children differently.
- We seek to ensure that all children have equal access to the full range of educational opportunities provided by the nursery.
- We constantly strive to remove any forms of indirect discrimination that may form barriers to learning for some groups of children.
- We aim to ensure that all recruitment, employment, promotion and training processes are fair to all, and provide opportunities for everyone.
- We aim to challenge personal prejudice and stereotypical views whenever they occur.
- We value each child's worth, celebrating the individuality and cultural diversity of our school community, and showing respect for all minority groups.
- We are aware that prejudice and stereotyping are often caused by poor self-image and by ignorance. Through positive educational experiences, and support for each individual's legitimate point of view, we aim to promote positive social attitudes and respect for all.
- We aim to promote fundamental British values identified as democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Policy Statement

Tunstall Nursery School is an inclusive community that welcomes and supports pupils with medical conditions. Tunstall Nursery School understands that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions.
Tunstall Nursery School provides all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in nursery life, remain healthy and achieve their academic potential.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

Tunstall Nursery School (from here on known as 'this school') makes sure all staff understand their duty of care to children and young people in the event of an emergency. Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

At this school, the co-ordinator for pupils with medical needs is:
Kate Lanning / Leigh McGuinness (Head of School)

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
(Please see Accessibility Plan, Anti-Bullying Policy and Equal Opportunities Policy)

Procedure to be followed when notification is received that a pupil has a medical condition:

When a parent informs the school that their child has a medical need the necessary information will be recorded on the Parental agreement for Tunstall Nursery School to administer medicine (see Appendix A). Where there is no prescribed medication and where significant adjustments are being requested, parents will be asked to provide supporting evidence from a medical professional.

The school will not be liable for any adjustments or failure to apply agreed adjustments unless medical evidence has been seen.

Where a child's medical needs are more complex an Individual Healthcare Plan will be drawn up by the school in collaboration with the parents and, where appropriate, a healthcare professional. Any training needs for staff will be identified at this stage and delivered by a member of the school nursing team or an appropriate healthcare professional. The Individual Healthcare Plan will be circulated to all relevant staff and uploading to CPOMS (secure central record keeping system).

Any changes to the child's medical condition will be initiated by the parent or healthcare professional and can trigger a review of the plan. Alternatively, the plan will be reviewed annually. When a child leaves Tunstall Nursery School to transfer to a new school the necessary files and information will be passed on within 2 weeks.

A flow chart to illustrate this procedure can be found at Appendix D.

Individual healthcare plans

Individual healthcare plans (IHCPs) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. Plans will be reviewed and agreed by parents.

At this school the individual(s) responsible for drawing up IHCPs will be:

Kate Lanning – Head of School

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's SEN Support Plan or EHC plan where they have one.

The school recognises that duties in the Children and Families Act 2014 (England only) and the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions is anticipatory (see the Equality Policy). This school understands that some children who have medical conditions may also have disabilities and / or special educational needs and this policy may be read in conjunction with the school's SEND Policy and the SEND Code of Practice 2014.

When drawing up an IHP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents and the headteacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to:

Tunstall Nursery School, Tunstall Road, Croydon CR0 6TY

<u>Collaborative working arrangements</u>

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

The Governing body will:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care, in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- Governing bodies should ensure that written records are kept of all medicines administered to children.

- Executive Headteacher/Head of School have overall responsibility for the development of individual healthcare plans.

The Executive Headteachers/Head of School will:

- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- ensure that all staff who need to know are aware of the child's condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- contact the school nursing service (mainstream schools) in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (please see Appendix E for further details).

The school's liability insurance is provided through the Department for Education's risk protection arrangement of which we are a member.

Our membership number is 101705

All School staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines.
- will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils will:

- often be best placed to provide information about how their medical condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs including any specific medical conditions. They will also be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School nurse or other qualified healthcare professionals will:

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

GPs, paediatricians and other healthcare professionals will:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- they may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g., asthma, diabetes, epilepsy or other health needs as appropriate).

Local authorities will:

- promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;

- wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services will:

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff Training and Support

All school staff, including temporary or supply staff (and volunteers if and when appropriate), are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive First Aid training in what to do in an emergency and this is refreshed regularly during staff training sessions. We also have a number of trained Paediatric First Aid trained members of staff, who are always on site and who also accompany children on educational visits.

All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff have access to protective clothing and suitable disposal equipment to safely deal with spillages of blood or other bodily fluids, including the changing of dressings.

All children with a medical condition at school are recorded on a medical needs register so that all staff are aware of and informed about each child's individual condition, need and/or required medication.

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least annually. Training is provided at the start of each academic year, and as required throughout the year, and policies and procedures are discussed with temporary and supply staff. Training needs will be identified and discussed at least annually as part of the school's appraisal process.

The induction of new staff will include training for supporting pupils with medical needs and the School's policy will be available on the School's website. Any member of staff providing support to a pupil with medical needs will have received suitable training.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent or legal guardian arrives, or accompany a child taken to hospital by ambulance. A member of staff must not take a pupil to hospital in their own car.

Managing Medicines on premise:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- To prevent unnecessary barriers to children attending school with a short-term illness, such as an earache, the school will administer over-the-counter medicines (e.g. Calpol or Cough medicine), this must be clearly labelled with the child's name;
- The school keeps spare Calpol and Nappy cream in the nursery, which staff can administer with parents' permission, in certain circumstances, for example if a child's parents will take an hour to get here and the child has a temperature;
- The school will only accept medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; and if medication is for any reason not given a record must be kept and the parent informed;
- A record of all allergies of the child must be maintained;
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Storage of Medicines:

- All medicines will be stored safely;
- Medicines that need to be refrigerated, e.g. antibiotics, will be stored in the fridge in the Staff room.
- Medicines that need to be given for a short time only, e.g. Calpol for 1-2 days, will be kept in the Medical cabinet in the Staff toilet in the nursery, with the Parental Permission to Assist in the Administration of Medicine Form (Appendix A)
- Medicines that need to be kept by the school long-term and should be immediately available, such as an asthma pump, should be clearly labelled and stored in the Medicine cabinet in the staff toilet in the main nursery with a photograph of the pupil on the medication list, the Parental Permission to Assist in the Administration of Medicine Form (Appendix A) and any relevant Action Plan e.g., Asthma Action Plan (see Appendix D)
- Medication that might be needed in an emergency, for example asthma pump, will be kept in a health box, which can be easily carried. For example, in the case of a fire alarm, this box will be taken by a member of staff outside as part of the evacuation.

Liability and indemnity

Governing bodies of maintained schools and management committees of PRUs should:

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see Appendix F for further details)

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Home to school transport for pupils requiring special arrangements – applicable only if the Local Authority make the decision to provide transport for a pupil at our school

This is the responsibility of local authority, who will need to be made aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations.

In addition:

- Where pupils have life threatening conditions, specific health care plans will be carried on vehicles. Individual transport health care plans will need input from the school and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.
- For these pupils, all drivers and passenger assistants will have basic first aid training. Additionally, trained healthcare professionals may be required to support some pupils with complex medical needs.
- Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to the Passenger Transport Team before transport begins.
- Each vehicle used for home to school transport will have some form of communication by which to summon help in an emergency.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied;
- penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;

- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may have a disability. Where this is the case, the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Finally, the school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs. This school works in partnership with all relevant parties including the pupil (where appropriate), parent, governing body, staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

We encourage the above parties to communicate any concerns they may have, to a member of the school staff, in order that the best outcomes can be secured for the individual in question. The governing body ensures parents are aware of the school's complaints policy and procedures (available on the School's website) should they be dissatisfied with the support provided to their child.

Policy Review

This policy will be reviewed annually and approved by the full governing board.

Appendix A – Parental Permission to Assist in the Administration of Medicine Form

ASSISTING PUPILS IN THE ADMINISTRATION OF THEIR MEDICATION
(Please note that one form should be used for each medicine to be administered at school)

PUPIL DETAILS

Child's Full Name _____

Date of Birth _____ Class _____

Medical condition or illness:_____

MEDICATION: To be in the original container with label as dispensed by pharmacy if applicable

Date and time of last dosage given by parent (if applicable): _____

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

Date commenced:_____

Dosage and method:_____

Time to be given:_____

Special Precautions:_____

Possible Side effects that the school should know about?:_____

Self-Administration? Yes/No (delete as appropriate)

Procedures to take in an Emergency:

_____

_____

CONTACT DETAILS:

Name:_____

Best Contact Telephone Number:_____

Relationship to Pupil:_____

I understand that I must deliver the medication personally to a member of the school staff: Yes/No

The above information is, to the best of my knowledge accurate at the time of writing: Yes/No

I give consent to a member of school staff to administer the above medicine in accordance with the school's policy: Yes/No

I will inform the school immediately if there are any changes in dosage or frequency of the medicine or if the medicine is stopped: Yes/No

I will ensure the medication is replaced, prior to its expiry date, to ensure the efficacy of the medication and that the medication must always be in school so that it is available, when my child is engaged in an educational activity on or off the school site: Yes/No

Signature ..... Date.....

Relationship to pupil .....

Medication no longer required? Yes/No Signature and date:.....

Appendix B

Record for Administration of Medicine to Pupil

Date	Time given	Medication & Dose Given	Name of member of staff (print & sign)

Appendix C – Individual Healthcare Plan

Individual Health Care Plan

Child's name:	
Year Group/Room:	
Date of birth:	
Name of Parent/Legal Guardian:	
Emergency Contact Details: 1. **Name:** 2. **Name:**	 3. **Telephone Number:** 4. **Telephone Number:**

Title, e.g. paediatrician, GP, etc	Name and contact details

Medical diagnosis or condition	
Medication	
Detail of daily medical/care needs. Include side effects of medication if applicable	
Symptoms or signs to look out for	
What to do if you are concerned	
What constitutes an emergency for the child	
Agreed procedure to be followed	

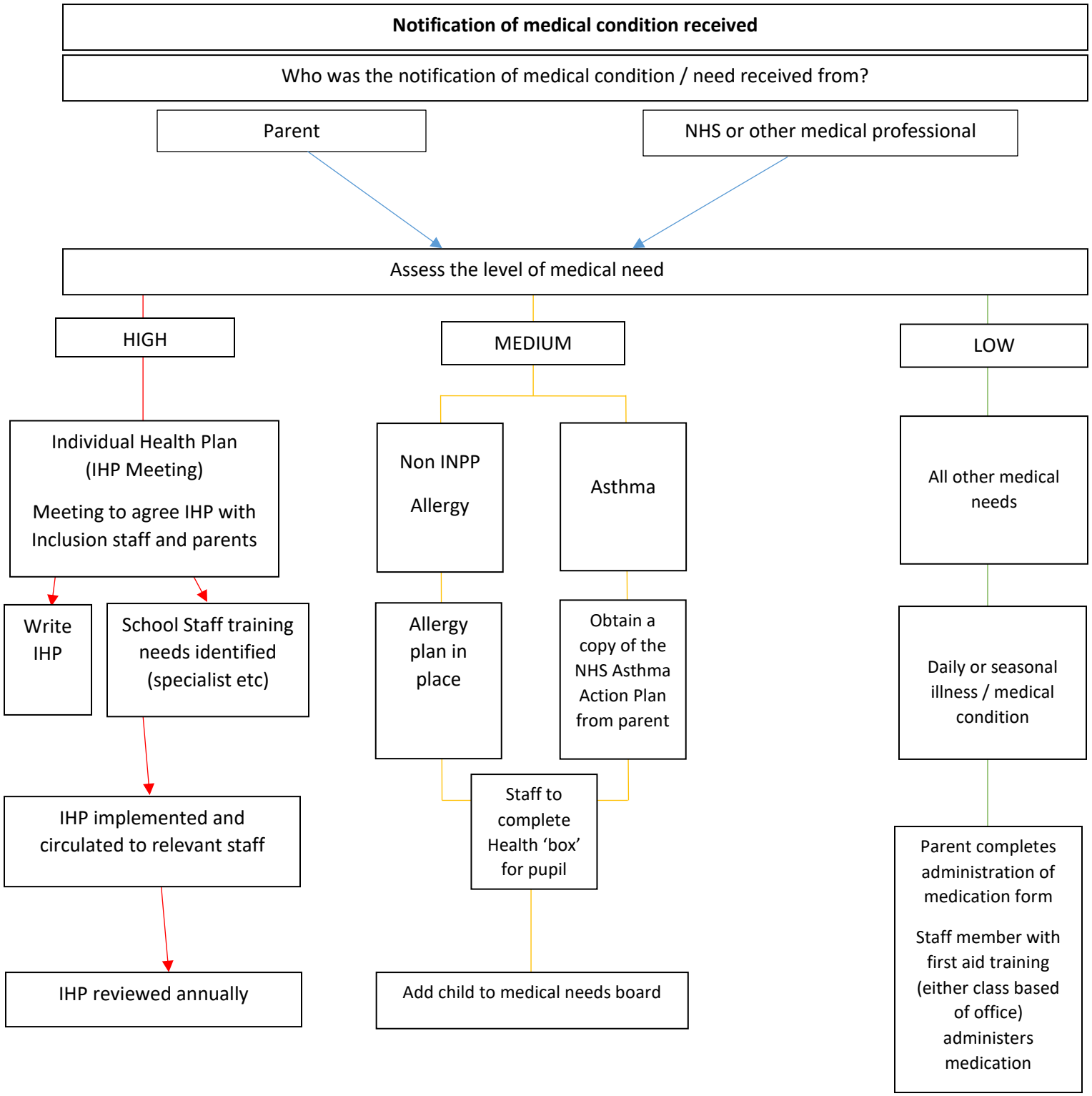
Follow up care for the child	
Specific support for the child's Educational, Emotional and Social needs	
Staff training needed/undertaken – who, what, when	

The information on this Care Plan has been agreed with:

	Signature:	Date:
Parent/Legal Guardian (Name):		
Staff (Name):		

Planned review date of Individual Care Plan:

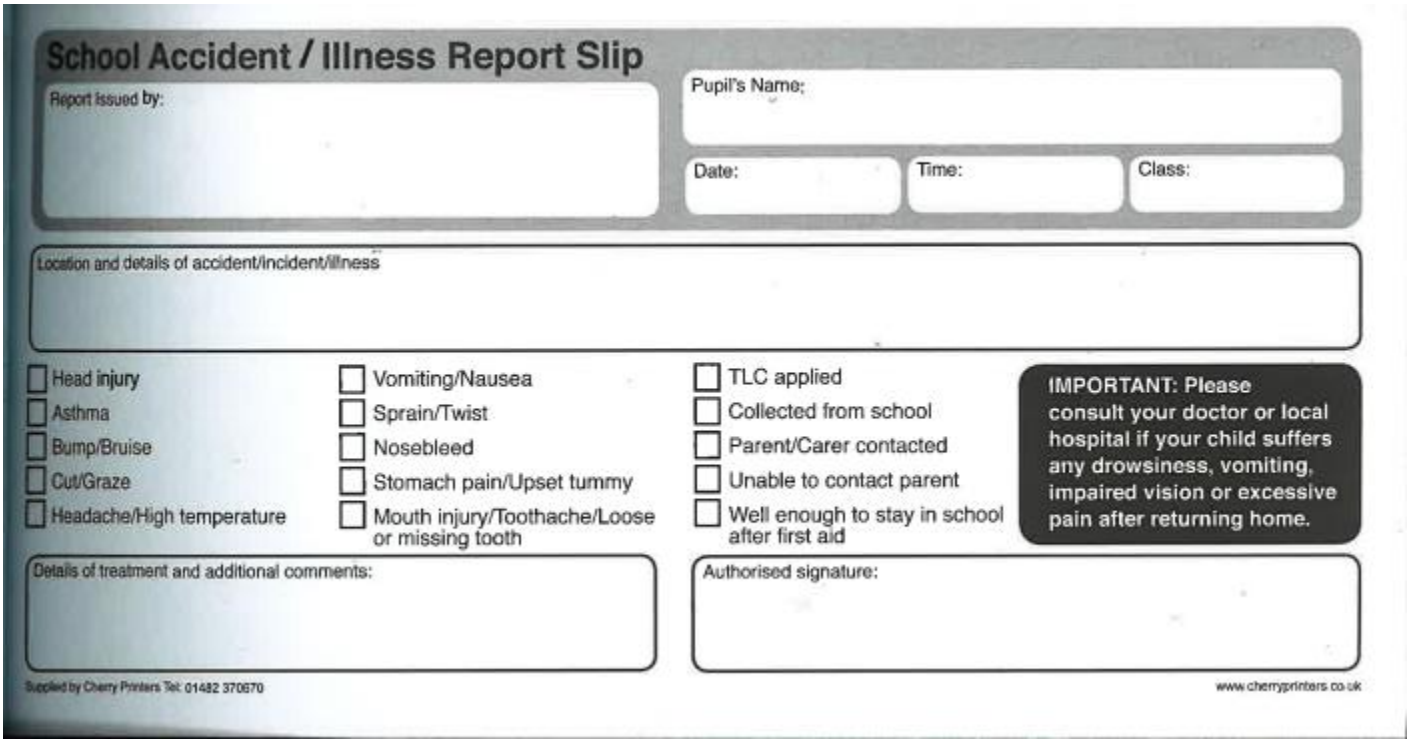
Appendix D: Flowchart of process once notification of a medical condition/ need is received



Appendix E: Notification of First Aid at School

If a child bumps their head, then a phone call is made to the parents to inform them. If it is non-urgent, they will be informed that their child will be observed regularly while at the School, if anything changes we will call them to collect the child. Once they have collected their child, they should they keep observing their child for any signs of concussion. If they are worried at all they should consult a doctor and seek further medical advice.

When a child has an accident or is administer medicine that is not at an agreed timed (for example, asthma pump rather than antibiotics) then the following slip is filled in and given to the parents at home time.



School Accident / Illness Report Slip

Report issued by:

Pupil's Name:

Date: Time: Class:

Location and details of accident/incident/illness

- ☐ Head injury
- ☐ Asthma
- ☐ Bump/Bruise
- ☐ Cut/Graze
- ☐ Headache/High temperature
- ☐ Vomiting/Nausea
- ☐ Sprain/Twist
- ☐ Nosebleed
- ☐ Stomach pain/Upset tummy
- ☐ Mouth injury/Toothache/Loose or missing tooth
- ☐ TLC applied
- ☐ Collected from school
- ☐ Parent/Carer contacted
- ☐ Unable to contact parent
- ☐ Well enough to stay in school after first aid

IMPORTANT: Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

Details of treatment and additional comments:

Authorised signature:

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We recognise that sometimes children need some attention or ice to make them feel better, but may not need a form filled in. In this case we will verbally inform the parents at home time. In these incidents staff will use their judgement to see if a slip is needed, for example, if the child is non-verbal or the staff member feels a bruise may come up later.

Appendix F: Delivery of interventions to meet pupil's medical needs: Insurance and liability

Teachers and teaching assistants may be involved in the delivery of certain medical interventions, where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/ postural support
- Seizures
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in such circumstances, the Council and the CCG have sought advice from the Council's internal insurance team, to gain assurance for all our staff in whatever actions they carry out within their role.

Insurance

The school's liability insurance is provided through the Department for Education's risk protection arrangement of which we are a member.

Our membership number is 101705.

For further information on our school's insurance arrangements, please contact Michelle Harrison via email: admin@tunstall.croydon.sch.uk

Appendix G

TUNSTALL TWOS - EMERGENCY CONTACT FORM

Child's Name (in full)..... Date of Birth.....

Gender ..... Class/Session ..... Keyworker .....

Name(s) (in full) of Person(s) with legal parental responsibility:

Mother.....Father .....

Relevant Medical Condition(s) .....

Home Address: Telephone Number Email address		
Mother's place and address of work - (if part-time please state times/days) Work Telephone Number		
Father's place and address of work (if part-time please state times/days) Work Telephone Number		
Name and Address of a local contact -who would pick up and take charge of child until parent/carer reached Telephone Number		
Name of Health Visitor		
Name and Address of Child's Doctor Telephone Number		
I give permission for my child to be given Calpol. You will be contacted before this happens.	***YES/NO*** *(delete as applicable)*	***If YES please sign:***
I give permission for my child to be given Calpol. You will be contacted before this happens.	***YES/NO*** *(delete as applicable)*	

Signature of Parent/Guardian.....Date.....

Please Specify Mode of Travel to School Walk Car/Van Public Bus Tram Bicycle