THE ALTERNATIVE SCHOOL GROUP LTD

First Aid, Medical Conditions & Medicines Policy

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Version:	**18**

This replacement policy has been drafted against the TAS eight-core-policy framework and checked against the legal, DfE, ISI and Ofsted position current at 8 September 2026. It is designed to be capable of effective implementation.

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1. Policy Statement and TAS Principles

TAS is committed to ensuring that first aid is administered in a timely and competent manner and that pupils with medical conditions are supported safely, inclusively and with dignity. Medical needs must not become an unnecessary barrier to education, relationships, personal development, outdoor learning or preparation for adulthood.

This policy replaces Version 17. It retains the useful operational strengths of the previous policy - including campus first-aid provision, outdoor first aid, Individual Healthcare Plans, emergency contacts, medicine records and incident recording - while updating governance, terminology and the 2026 allergy-safety position.

The TAS approach is relationship-led and pupil-centred. Every pupil has the right to feel safe, valued, listened to, respected and included. Staff should understand the person before the condition, and the condition before making assumptions about behaviour, attendance or engagement.

- Health and safety and access to education are planned together, not treated as competing priorities.
- Pupil voice and parent/carer knowledge are central to safe planning.
- Reasonable adjustments are made so that pupils with medical conditions can participate as fully as possible.
- Staff act within their training, competence and agreed responsibilities.
- Emergency action is never delayed while paperwork, consent or a parent/carer is being located where immediate treatment is necessary to preserve life or prevent serious deterioration.
- Incidents and near misses are recorded, reviewed and used to improve practice.
- Information is shared on a need-to-know basis so that staff can keep pupils safe while respecting confidentiality.

2. Scope and Application

This policy applies to pupils, employees, volunteers, visitors and contractors where TAS has relevant responsibility, and to activities on school premises and school-organised activities away from the premises.

TAS operates across different forms of provision. Legal duties differ according to a setting's status. Each Headteacher and the proprietor/trust/governing body must therefore apply the statutory duties that attach to that setting. Where a requirement is not yet legally binding on a particular TAS setting, this policy may adopt it as a TAS group standard where doing so strengthens pupil safety.

For independent schools, the Independent School Standards are central. For maintained schools, academies and PRUs, section 100 of the Children and Families Act 2014 and the DfE statutory guidance on supporting pupils with medical conditions apply. The July 2026 DfE Allergy Safety in Schools guidance is statutory for the settings identified in that guidance; it is not currently statutory for independent schools, but TAS adopts its core safety expectations across the group.

3. Legal and Regulatory Framework

This policy has been checked against the following legislation and current national guidance. The list is not exhaustive; settings must also comply with any other law applicable to their status, age range, activities and premises.

- Health and Safety at Work etc. Act 1974.
- Health and Safety (First-Aid) Regulations 1981 - adequate and appropriate equipment, facilities and personnel for employees, informed by assessment of need.
- Management of Health and Safety at Work Regulations 1999 - risk assessment, arrangements, information and training.

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- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Education (Independent School Standards) Regulations 2014, including Part 3 paragraph 11 (health and safety), paragraph 13 (first aid), paragraph 16 (risk assessment) and Part 5 requirements for suitable premises/accommodation, including medical and therapy needs.
- Children and Families Act 2014, section 100, where applicable.
- Equality Act 2010, including disability discrimination and reasonable-adjustment duties.
- Human Medicines Regulations 2012, including relevant emergency-medicine provisions.
- School Premises (England) Regulations 2012 where applicable.
- Early Years Foundation Stage statutory framework where TAS provides registered early years provision, including paediatric first-aid requirements.
- DfE: First aid in schools, early years and further education (current non-statutory guidance).
- DfE: Supporting pupils with medical conditions at school (current statutory guidance remains in force pending revision).
- DfE: Allergy Safety in Schools statutory guidance, published 6 July 2026, where applicable; adopted by TAS as a group safety standard.
- DHSC guidance on emergency salbutamol inhalers and emergency adrenaline auto-injectors in schools.
- Current ISI inspection framework and handbook (September 2026) and current Ofsted state-funded schools inspection toolkit/operating guidance (August 2026 updates).

4. Links with the TAS eight core policies

This policy sits alongside, and must be implemented consistently with, the TAS Relationship and Regulation Model (TRRM). The eight core policies are not separate; together they establish the educational model.

Core policy	Required alignment
Policy 1 - Core Educational Framework	Medical support must enable pupils to Learn, Achieve, Progress and Succeed and reflect TAS's commitment to pupils with SEND, SEMH, trauma, anxiety and medical needs.
Policy 2 - Curriculum Intent	Health information in the Pupil Profile and risk assessment must inform access to curriculum, visits, residentials, outdoor/adventurous learning, work experience and personal development.
Policy 3 - Curriculum Delivery	Planning must use current Pupil Profiles, risk assessments and individual needs; medical conditions must not unnecessarily reduce curriculum entitlement.
Policy 4 - Assessment, Progress Tracking and LAPS	Medical needs and interrupted education may affect attendance, engagement and progress; interpretation of progress should be contextual and individual.
Policy 5 - Attendance, Engagement and Personalised Timetables	Health-related absence, phased return and temporary timetable adjustments must be supportive, reviewed and ambitious, with safeguarding and education continuity maintained.
Policy 6 - Relationships, Responsibility and Community	Staff must consider whether illness, pain, sensory need, medication effects, anxiety or other health factors may sit behind changes in presentation or behaviour.
Policy 7 - Therapeutic Education and Personal Growth	Outdoor learning, Forest School, DofE, residentials, community learning and travel independence are educational entitlements; medical planning should

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	enable participation wherever reasonably safe.
Policy 8 - Therapeutic Safety, Regulation and Physical Support	Medical care, physical support and emergency responses must protect dignity, minimise distress and be informed by individual needs and risk assessment.

5. Roles and Responsibilities

5.1 Proprietor / Governing Body / Trust Board

- Ensure that applicable legal and regulatory duties are met and that this policy is effectively implemented.
- Ensure sufficient resources, competent staff, facilities and oversight are in place.
- Receive assurance on serious incidents, trends, training compliance, IHP quality and significant medical risks.
- Ensure arrangements are reviewed following significant incidents, near misses, regulatory change or identified weakness.

5.2 Executive Leadership / Group Leadership

- Set group standards, standardise documentation and quality assure implementation across campuses.
- Maintain oversight of training systems, serious incident escalation and RIDDOR governance.
- Ensure learning is shared across settings following serious incidents and near misses.

5.3 Headteacher

- Hold operational accountability for implementation at the setting.
- Ensure a current first-aid needs assessment is completed and reviewed.
- Ensure adequate trained first-aid cover for the school day, foreseeable absences, off-site activities and extended provision.
- Ensure medical accommodation, emergency access, first-aid kits, medicines and records are appropriately managed.
- Ensure IHPs are developed where required, staff receive relevant information/training and emergency arrangements are understood.
- Ensure reportable incidents are escalated promptly to the responsible person for RIDDOR and other required notifications.

5.4 School Business Manager / Nominated Administrator

- Maintain first-aid stock and checking systems in accordance with the needs assessment.
- Maintain training and qualification records and alert leaders before expiry.
- Support secure medical/accident record keeping and medicine stock/expiry systems.
- Maintain current emergency contact information and local emergency-access information.

5.5 First aiders and Appointed Persons

- Respond promptly, assess the casualty, provide treatment within competence and summon professional help where necessary.
- Follow recognised first-aid practice and any relevant IHP/emergency plan.
- Record treatment and handover information accurately and promptly.
- Do not exceed the scope of training or delay emergency services where escalation is indicated.

5.6 All staff

- Know how to summon first aid and emergency assistance.

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- Know the pupils for whom they need medical information in order to keep them safe.
- Follow IHPs, risk assessments and emergency protocols relevant to their role.
- Report incidents, near misses, medicine errors and changes in a pupil's health presentation promptly.
- Support pupils respectfully and never penalise a pupil for symptoms or reasonable adjustments arising from a medical condition.

5.7 Parents/carers and pupils

- Provide accurate, current health information and emergency contacts and inform school promptly of changes.
- Provide prescribed medicines and devices in accordance with this policy and agreed plans.
- Participate in IHP development and review where appropriate.
- Pupils are encouraged, according to age, understanding and safety, to understand and manage their own condition and medicines.

6. First-Aid Needs, Assessment and Provision

Each setting must maintain a documented first-aid needs assessment. It must consider the nature of the site and activities, pupil profile and medical needs, employee numbers, accident history, remoteness from emergency medical services, split sites, lone/remote work, educational visits, outdoor/adventurous activities, work experience interfaces, vehicles, extended hours and foreseeable staff absence.

The assessment determines the number and type of trained personnel, location and contents of kits, need for specialist/outdoor training, access to AEDs, emergency communications and any additional equipment. It must be reviewed at least annually and sooner after material change, a significant incident or evidence that the provision may be insufficient.

First-aid provision must be available whenever people are on TAS premises and for school-organised off-site activities. Work-experience placement providers are responsible for first aid at the placement, but TAS must check relevant health and safety arrangements as part of placement planning.

7. First-Aid Personnel, Training and Competence

TAS will maintain sufficient trained personnel to meet the needs assessment rather than relying on a fixed number that may become unsuitable as staffing, pupil needs or activities change.

- First-aid qualifications must be current and appropriate to the role and assessed risks.
- Outdoor/adventurous activities must have suitably trained staff in accordance with the activity risk assessment and provider requirements. TAS's established expectation of strong outdoor first-aid capacity should be maintained.
- Where EYFS requirements apply, at least one person with a current full paediatric first-aid certificate must be available as required by the EYFS framework and accompany relevant outings; wider qualification/ratio requirements must also be met.
- Condition-specific training (for example, anaphylaxis, epilepsy rescue medication, diabetes, gastrostomy or tracheostomy support) must be delivered by an appropriately competent person and refreshed in line with clinical advice, the IHP and training provider requirements.
- Training records must identify the person, course/competence, trainer/provider, date, expiry/review date and any limits on competence.

A current campus training matrix must be maintained. Names and expiry dates should be kept operationally in the training matrix rather than embedded in the policy, so the policy does not become inaccurate between review dates.

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8. First-Aid Equipment, Facilities and AED's

Each campus must have suitable first-aid equipment and facilities identified through the needs assessment. Locations must be known to staff and appropriately signed. Kits must be readily available but protected from inappropriate access.

- First-aid containers must be checked on a planned schedule and after use; expired, damaged or depleted items must be replaced promptly.
- Medicines must not be stored in general first-aid kits.
- Specialist outdoor, vehicle, catering or trauma kits may be provided where the needs assessment identifies a need.
- Every setting must know the location of its nearest AED and how it will be accessed. Where an AED is held on site, checks and maintenance must follow the manufacturer's instructions.
- Suitable accommodation must be available for the medical examination and treatment of pupils and for short-term care of sick or injured pupils, with appropriate access to washing/toilet facilities as required by the applicable premises standards.
- Emergency vehicle access routes must be kept clear and known to staff. Site-specific access instructions, including remote/outdoor locations, must form part of local emergency arrangements.

9. Responding to Illness, Injury and Emergencies (Appendix 4)

The first priority is immediate safety and appropriate treatment. Staff should summon a qualified first aider and, where necessary, call 999 without delay. Staff must follow emergency-service instructions.

- Do not move a casualty where spinal injury, serious fracture or other significant injury is suspected unless remaining in place creates greater danger or emergency services direct otherwise.
- Call 999 for life-threatening illness or injury, significant breathing difficulty, suspected anaphylaxis, prolonged seizure as defined by the pupil's plan, unconsciousness, suspected major trauma, or whenever clinical urgency requires it.
- Parents/carers must be informed as soon as reasonably practicable, but emergency treatment must not be delayed while contact is attempted.
- A pupil who is unwell and awaiting collection must be appropriately supervised in a suitable area.
- A pupil must not be sent home alone because they are unwell or injured unless this is safe, age-appropriate and explicitly agreed through normal school procedures.

10. Head Injuries, Concussion and Serious Injury (Appendix 4)

All head injuries must be assessed and recorded. Staff must be alert to red-flag symptoms and seek emergency medical assistance where indicated. Parents/carers must be informed of a head injury and given appropriate advice about symptoms that require medical review.

A pupil with suspected concussion must be removed from sport or activity and must not return to the activity on the same day. Return to learning and physical activity should follow current medical advice and any individual plan.

Serious bleeding, suspected spinal injury, serious eye injury, major fracture, collapse, breathing difficulty or other major injury requires immediate first-aid response and escalation appropriate to the presentation.

11. Hospital Transfer and Emergency Contacts (Appendix 4)

Where an ambulance transfers a pupil to hospital, a suitable member of staff should accompany the pupil where necessary and practicable, taking essential information securely, and remain until responsibility is handed to the parent/carer or another authorised adult unless emergency-service arrangements dictate otherwise.

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TAS will maintain at least two emergency contacts. Contact details must be accessible to authorised staff during off-site activities. Staff must not transport a seriously ill or injured pupil in a private or school vehicle where an ambulance is clinically indicated.

12. Recording, Reporting, RIDDOR and Learning

All first-aid treatment, significant illness episodes, medicine administration, medicine errors, allergic reactions and relevant near misses must be recorded accurately and promptly in the approved TAS system.

Records should show what happened, when and where, who was involved, assessment/treatment, who provided care, parent/carer contact, escalation, outcome and any follow-up action. Records must be stored securely and retained in accordance with the TAS retention schedule and applicable law.

RIDDOR 2013 applies to specified work-related events. A pupil injury is not reportable merely because it happened at school or resulted in hospital attendance. For a pupil/member of the public, reporting generally requires that the person is taken directly to hospital for treatment and that the accident arose out of or in connection with work, for example through defective equipment or inadequate supervision. Staff must escalate potential RIDDOR events to the designated responsible person; only that responsible person should make the formal report.

Serious incidents and near misses must be reviewed for learning. Reviews should consider the pupil's plan, staffing, training, communication, equipment, environment, food/allergen controls, emergency response and whether changes are needed. Learning must be shared proportionately across TAS.

13. Infection Preventing, Body Fluids and Hygiene

- Hand hygiene must be completed before and after care where practicable.
- Appropriate disposable gloves and other PPE must be used where there is foreseeable contact with blood or body fluids.
- Spillages must be cleaned using the school's infection-control procedures and appropriate equipment/chemicals.
- Clinical/sharps waste must be disposed of through the correct waste stream; sharps must never be placed in ordinary waste.
- Staff must follow any additional infection-control advice issued for a specific condition or outbreak.

14. Supporting Pupils with Medical Conditions

TAS will support pupils with medical conditions so that they can access education, including school trips and physical/outdoor education, as fully as reasonably possible. Decisions must be based on the individual pupil, professional advice where needed, risk assessment and reasonable adjustment - not diagnosis alone.

- No pupil should be denied admission or prevented from attending school solely because arrangements for a medical condition have not yet been finalised, unless attendance would create a risk that cannot safely be managed.
- Staff must not ignore medical evidence or send pupils with medical conditions home frequently or prevent them from remaining for normal school activities without a justified reason.
- Reasonable access to food, drink, toilets, rest, medication, monitoring or other agreed support must be provided.
- Long-term absence and return to school must be planned to minimise educational disruption and promote reintegration.

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15. Individual Healthcare Plans (IHP's) (Appendix 1 Template A)

An IHP must be considered where a pupil has a medical condition that is long-term, complex, fluctuating, life-threatening, requires emergency intervention, requires medication or clinical procedures in school, materially affects access to education, or where coordinated arrangements are needed.

Not every medical condition requires a formal IHP. The Headteacher, parent/carer and relevant healthcare professional should use professional judgement. Where there is disagreement, the pupil's best interests, safety, equality duties and available clinical advice must guide the decision.

IHPs must be developed collaboratively, with the pupil involved according to age and understanding. They must be readily available to staff who need them, including relevant staff on off-site activities, while maintaining confidentiality.

IHPs must be reviewed at least annually and earlier following a change in diagnosis, treatment, medication, emergency plan, school circumstances, a significant incident/near miss, or evidence that the plan is not working.

16. Pupil Profile, EHCP, Risk Assessment and Information Sharing

The Powered by TAS Pupil Profile is the central educational working document and may contain relevant health/medical information needed to support safe teaching and participation. It does not replace a clinically detailed IHP where one is required.

- The Pupil Profile should contain the concise, practical information staff need day to day: condition/impact, triggers, reasonable adjustments, key emergency actions and where the full IHP is held.
- Detailed clinical information should be restricted to those who need it for safe care.
- Where a pupil has an EHCP, the IHP and Pupil Profile should be consistent with relevant health provision and outcomes in the EHCP.
- Individual risk assessments must reflect relevant medical needs for activities, transport, outdoor learning and other foreseeable contexts.
- Information sharing must be proportionate, accurate, current and in the pupil's best interests.

17. Medicines, Consent, Administration, Storage and Disposal (Appendix 2 & 3 Templates B & C)

Administration of medicines is distinct from general first aid. Medicines will be managed safely through written arrangements, competent staff and accurate records.

- Prescription medicines should normally be accepted only when prescribed to the pupil and supplied in the original dispensed container with the pharmacy label and clear instructions, except where a lawful and clinically appropriate alternative applies.
- Written parental/carer consent must normally be obtained for routine administration. Emergency life-saving treatment must not be withheld where the law permits administration and delay would place life at risk.

EYFS provision: For children within the EYFS, prescription and non-prescription medicine will only be administered where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record will be made each time medicine is administered, and the child's parent/carer will be informed on the same day, or as soon as reasonably practicable. This does not prevent staff taking necessary emergency action where immediate treatment is required to preserve life or prevent serious deterioration.

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- Only staff who are authorised and competent for the task may administer medicines. Staff must not be compelled to undertake clinical tasks for which they are not trained or competent.
- A contemporaneous administration record must be completed. Refusal, omission, error, spillage or vomiting after a dose must be recorded and escalated appropriately.
- Medicines must be stored according to manufacturer instructions, including temperature requirements, and protected from unauthorised access while remaining accessible in an emergency.
- Controlled drugs must be stored and administered in accordance with legal requirements and the pupil's plan. A pupil who is competent may possess a controlled drug where this is agreed and safe; otherwise it must be securely stored with prompt access when needed.
- Refrigerated medicines must be stored in a suitable secure arrangement that protects the medicine and prevents inappropriate access.
- Expired or no-longer-required medicines should be returned to the parent/carer for pharmacy disposal unless another lawful disposal route is arranged. Sharps must be disposed of in an approved sharps container.

Routine expiry checks must be scheduled and documented. TAS does not require the Headteacher personally to check every medicine every day; the checking frequency should be proportionate to the medicine, stock system and emergency risk, with emergency medicines subject to robust expiry monitoring.

18. Self Management and Emergency Medicines

Pupils should be supported to manage their own medicines and devices where this is appropriate to age, understanding, competence and risk. A pupil who can safely carry their inhaler, glucose treatment or adrenaline device should not be prevented from doing so without a clear safety reason.

Emergency medicines must be quickly accessible. They must never be locked away in a way that creates unsafe delay. Staff must know where a pupil's emergency medication is and how to summon trained assistance.

Where TAS chooses to hold an emergency salbutamol inhaler or spare adrenaline auto-injector, the setting must maintain a protocol consistent with current DHSC/DfE guidance, including purchase, storage, checks, eligibility/consent where required, use, recording and replacement.

19. Asthma, Epilepsy, Diabetes and other complex conditions

Condition-specific care must follow the pupil's IHP and current clinical instructions. The following principles apply:

- Asthma: reliever inhalers and spacers must be rapidly accessible; staff must recognise deterioration and call 999 when symptoms are severe or not responding as expected.
- Epilepsy: staff must know seizure first aid, the pupil's usual presentation, when rescue medication is authorised, who is trained to administer it and when to call 999.
- Diabetes: the pupil must have timely access to monitoring, insulin where prescribed, food/drink and treatment for hypo/hyperglycemia; staff must follow the IHP and emergency instructions.
- Anaphylaxis/allergy: (Appendix 2 applies.)
- Gastrostomy, tracheostomy, central lines and other clinical procedures: only staff with specific training and documented competence may undertake agreed tasks, following the IHP and healthcare-professional instructions.

20. Educational Visits, Outdoor Learning, DofE, Residentials and Work Experience

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TAS regards educational enhancements, outdoor learning, Forest School, DofE, residentials, community projects and similar experiences as integral to education. A medical condition should therefore, trigger planning and reasonable adjustment, not automatic exclusion.

- Visit/activity risk assessments must consider relevant IHPs, emergency medication, competence of accompanying staff, communications, access to emergency services, transport, food/allergen controls, temperature/storage requirements and contingency arrangements.
- Emergency contacts and essential medical information must be available securely to the visit leader.
- Required emergency medicines must accompany the pupil and remain accessible.
- Outdoor/adventurous activities must have first-aid cover appropriate to the remoteness and activity risk; provider first-aid arrangements do not remove TAS's duty to plan for its pupils.
- For residentials, arrangements must cover overnight medicines, refrigeration, controlled drugs, allergies, dietary controls, privacy, emergency escalation and handover.
- Work-experience planning must share necessary information lawfully and confirm that the placement can make required reasonable adjustments and manage foreseeable risks.

21. Attendance, Reintegration and Education Continuity

Medical conditions can affect attendance and engagement. TAS will work with the pupil, family, referring authority and health professionals as appropriate to maintain education and support return.

- Health-related absence must be recorded using the correct current attendance code and considered alongside safeguarding duties.
- Use of the pupils personalised timetable to cover medical condition or illness, must be reviewed; it must not become an unreviewed reduction in entitlement.
- Return after significant illness, surgery or prolonged absence should include a reintegration plan where needed, addressing fatigue, mobility, medication, curriculum access, emotional wellbeing and missed learning.
- Where a pupil cannot attend because of health needs, leaders must consider the applicable statutory guidance on education for children with health needs who cannot attend school and liaise with the responsible local authority where required.

22. Equality, Dignity, Safeguarding and Confidentiality

Medical conditions may amount to a disability under the Equality Act 2010. TAS will make reasonable adjustments and avoid discrimination arising from disability. Medical care must be delivered in a way that protects privacy, dignity and autonomy as far as possible.

A change in health, repeated unexplained injury, fabricated or induced illness concerns, non-provision of essential medication, persistent failure to engage with necessary medical planning or other welfare concerns may have safeguarding implications. Staff must follow the safeguarding policy and consult the DSL where appropriate.

Medical information is personal data and may include special-category data. It must be processed and shared lawfully, securely and only to the extent necessary for safety, care, education and legal obligations.

23. Monitoring, Quality Assurance and Review

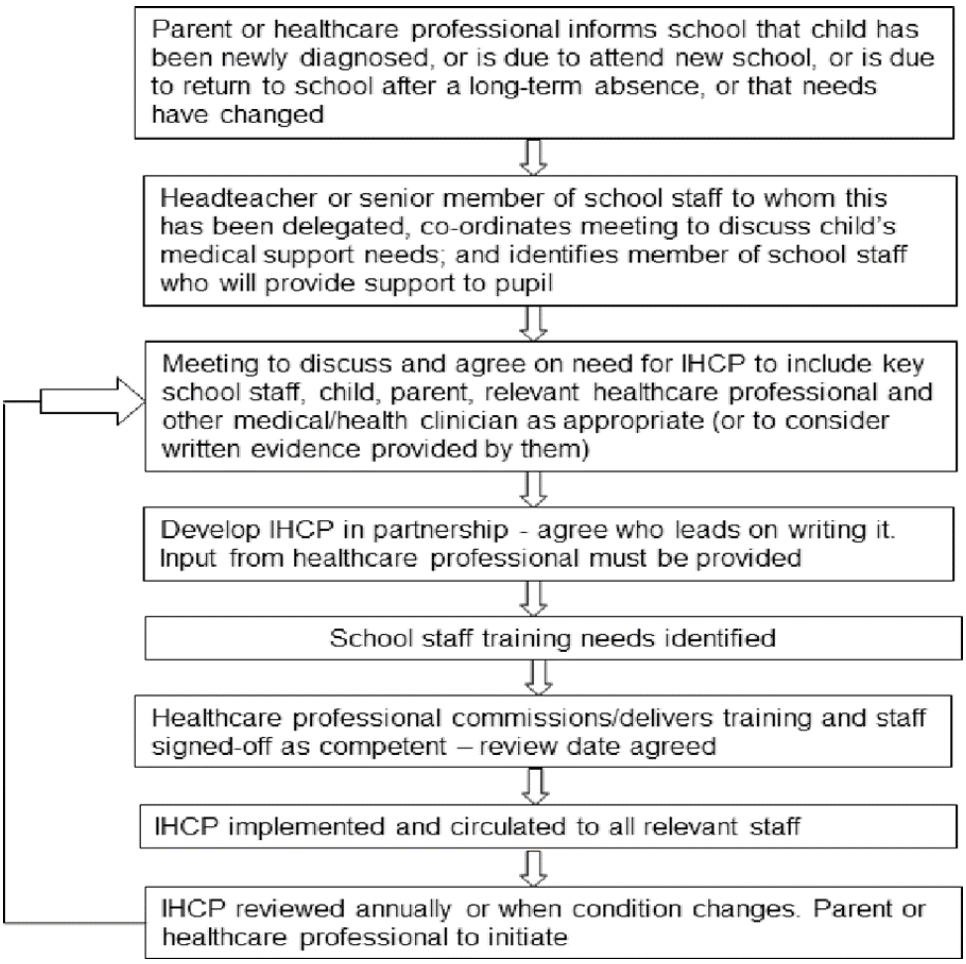
- Headteachers will review implementation at least termly through checks of first-aid provision, medicine systems, IHPs, training, incident records and identified actions.
- Group quality assurance will sample implementation across campuses, including during mock inspections and leadership reviews.
- Themes from incidents, near misses, parent/pupil feedback and staff concerns will inform improvement.

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- The policy will be reviewed at least annually and sooner if legislation, DfE guidance, ISI/Ofsted expectations or TAS provision changes.
- Because DfE confirmed in July 2026 that the general medical-conditions statutory guidance remains in force pending revision, TAS will review this policy promptly when replacement guidance is published.

24. Appendix 1:

See flow chart below for guidance on Individual Healthcare Plans.



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24.Template A: Individual Healthcare Plan

Name of school		**The Alternative School**	
Child's name			
Group/class/form			
Date of birth			
Child's address			
Medical diagnosis or condition			
Date			
Review date			
Triggers for early review			
Parent/Carer signature			
Family Contact Information			
Name			
Phone no. (work)			
(home)			
(mobile)			
Name			
Relationship to child			

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Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact(s)	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision

Daily care requirements and reasonable adjustments

Specific support for the pupil's educational, social and emotional support and attendance/reintegration arrangements.

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Specific arrangements for meals, PE, outdoor learning, school visits/trips, residentials, transport, exams and work experience, if applicable.

Other information including additional reports (attached)

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when and who needs to know.

Parent/Carer consent for information sharing arrangements.

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25. Appendix 2:

Template B – Record of daily checks of medication held in school

Daily Medication Checks

Date Medical Cupboard checked	Name of Medicine	Pupil mediation belongs to	Expiry Date	Signature One	Signature Two

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26. Appendix 3:

Template C: Record of medicine administered to an individual pupil

Name of school	**The Alternative School Group Limited**
Name of child	
Date of Birth	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Dose and frequency of medicine	
Expiry Date	
Storage Requirements and Location	
Quantity returned	

Staff signature:

Signature of parent/carer:
(Consent and IHP Yes: No:)

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Date			
Time Due			
Time actually given			
Dose given			
Name of member of staff			
Staff signature			

Witness Name & Signature if applicable

Date

Refusal, omission, error, spillage, vomiting or adverse effect and action taken.			
Date			
Running balance, if applicable, especially controlled drugs.			
Date quantity returned or disposed of.			
Name of member of staff who did this.			
Staff signature			

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27. Appendix 4:

Template D - First-Aid / Medical Incident Record

Field	Details (Record clearly and precisely)
Date and exact time	
Location	
Pupil/person and class/group	
Nature of illness/injury and circumstances	
Assessment and observations	
Treatment provided	
First aider / staff member	
Medication/device used	
Emergency services contacted and time	
Parent/carer contacted and time	
Hospital/collection outcome	
Head injury advice given where applicable	
RIDDOR consideration/escalation	
Safeguarding consideration	
Follow-up action / risk assessment update	
Near-miss or learning review required	
Record completed by / date	

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