

AUTO-INJECTOR INDIVIDUAL HEALTHCARE PLAN



CHERRY TREE
PRIMARY SCHOOL

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

AUTO-INJECTOR INDIVIDUAL HEALTHCARE PLAN



CHERRY TREE
PRIMARY SCHOOL

Describe medical needs and give details of child's symptoms, medication (including dose of adrenaline auto-injector), triggers, signs, treatments, facilities, equipment or devices, environmental issues

Daily Care Requirements:

It is thought probable that may suffer from an anaphylactic allergic reaction if he/she eats or is in contact with

If this occurs he/she is likely to need medical attention. In an extreme situation his/her condition might be life threatening. However, medical advice is that attention to his/her diet and in particular the exclusion of the allergen together with the availability of his/her emergency medication is all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on "as normal".

The arrangements set out below are intended to assist, his/her parents and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements.

Specific support for the pupil's Educational, Social and Emotional needs:

Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision.

Arrangements for School Visits / Trips etc.

If there are any proposals which mean that may leave the school /nursery site, both school held AUTO INJECTORS(s) will be taken on the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified.

AUTO-INJECTOR INDIVIDUAL HEALTHCARE PLAN



CHERRY TREE
PRIMARY SCHOOL

Other Information:

STAFF INDEMNITY:

This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.

For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer.

The school hold emergency adrenaline auto-injectors which require medical authorisation and parental consent before they can be administered to a child.

In the event of my child displaying symptoms of anaphylaxis, and if their auto-injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto-injector held by the school for such emergencies.

Yes*

No*

Plan should be developed with parents/carers, class teacher or senior member of staff, health professional and student especially from year 5 and above.

The Head Teacher will arrange for the teaching and non-teaching staff in the school/nursery to be briefed about condition and about other arrangements contained in this document.

It will be the responsibility of the headteacher / assistant headteacher to:

- Arrange for relevant school staff to be briefed on condition.
- To organise training sessions for key school staff, facilitated by a member of the School Nursing/Health Visiting team.

Further advice and support will be available from the School Nursing/Health Visiting team as required

The protocol will be reviewed at the beginning of each academic school year when staff training will be updated unless otherwise indicated or advised.

Form copied to

AGREED AND SIGNED:

Parent _____ Date _____

Print Name _____

Headteacher/Assistant Headteacher _____ Date _____

Print Name _____