

# THOMAS A BECKET JUNIOR SCHOOL



## Model MEDICINES IN SCHOOL POLICY

## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils with medical conditions at their school. The governing body of Thomas A Becket Junior School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in ‘Supporting pupils at school with medical conditions April 2014’.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil’s ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed .....

Date:.....

Chair of Governors

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Thomas A Becket Junior School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The lead for the management of medicines at Thomas A Becket Junior School is Clare Gatenby or in her absence Carol Calmann-Hinke or Laura Newman. In their duties staff will be guided by their training, this policy and related procedures.

## **Implementation monitoring and review**

All staff, governors, parents/carers and members of the Thomas A Becket Junior School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed as part of the Head teacher's annual report to Governors.

## **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. The medical audit is available to view on WSGfL under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

## **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe a medicine that has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Parental agreement for school to administer medicine' form (Appendix I Template B). On no account should a child come to school with any medicines in their bag for personal use if he/she is unwell.

## **Non-prescription Medicines**

Occasionally liquid or tablet paracetamol will be administered to pupils in all year groups suffering acute pain from things like migraine and period pain. The school keeps its own supply of liquid paracetamol for pupils under 10 years old and tablet paracetamol for pupils over 10 years old.

- Parents complete the schools 'consent to administer paracetamol and travel sickness medicine' form at the beginning of year 3. A note is added to the TAB Newsletter in September asking parents to inform us if consent is withdrawn.

- Parents must confirm that the medicine has been administered without adverse effect to the child in the past – a note to this effect should be recorded on the consent form.
- Only 1 standard dose (appropriate to age and weight of the pupil) can be administered in school per day.
- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.
- The school will seek continued consent every term by means of a standard paragraph within the TAB News (school newsletter).
- The school will assume your consent to administer paracetamol and travel sickness medicines remains current unless a parent/carer informs us otherwise.

The school can also administer non-prescription travel sickness medication. Non-prescribed travel sickness medication can be administered by staff providing they are supplied in the original packaging and accompanied by a 'Consent to administer liquid paracetamol and travel sickness medicine' form (Appendix I Template B). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines. The school will inform the parent / guardian the time and dose of the non-prescription medication that has been administered, at the end of each day.

All other non-prescription medication **will not be administered at school** and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily

accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. A record will be kept of any doses used and the amount of controlled drug held in school. (Appendix I Template C)

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's individual health care plan and parents should complete the relevant section of 'Parental agreement for school to administer medicine' form (Appendix I Template B).

### **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Appendix I Template E). The School Business Manager holds up to date records of staff training together with copy certificates where appropriate. The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Appendix I Template E)

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See Appendix I 'record of Controlled Drug medicine administered to an individual child' Template C and Template D 'record of medicines administered to all children' – see WSCC Supporting pupils with medical conditions' templates.

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, epipens, etc.) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are kept in a clearly identified container in his/her classroom and in the medical room. Parents will be asked to supply a second adrenaline auto injector for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. Parental consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the medical room fridge, clearly labelled in an airtight container.

### **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see Appendix I 'record of Controlled Drug medicine administered to an individual child' Template C and 'record of medicine administered to all children' Template D.

### **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Appendix I Template F)

### **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they have already completed a consent form (Appendix I Template I - Activities off-site and on-site consent form) and a Parental Agreement for School to administer medicine form (Appendix I Template B) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and paracetamol) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health

professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Medicines on Residential Visits**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e., paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit before medication can be given. A consent form will be included with details of the residential trip (see Annex I Template H). Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol tablets and liquid suspension for administration to pupils during a residential visit and parental consent will be required in order for the school to administer the supply. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

### **Complaints**

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

[Appendix I – WSCC Supporting pupils at school with medical conditions – templates.](#) Available from WSGfL H&S A-Z under Child Health

# APPENDIX I

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# Thomas A Becket Junior School Individual Care Plan



Name of school  
Child's name  
Group/class/form  
Date of birth  
Child's address  
Medical diagnosis or condition  
Date  
Review date

Thomas A Becket Junior School

### 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

--

Please describe medical needs and give details of your child's:

Triggers	
Signs	
Treatments	
Facilities/Equipment/Devices	
Environmental Issues	
Other	

Please give medication details:

Name of Medication	
Dose	
Method of administration	
When to be taken	
Side effects	
Contra-indications	
Administered by/self-administered with supervision	
Other	

**NOTE: It is the parent's responsibility to ensure any Epi-pen held at the school has not expired.**

Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc

Other information

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

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.

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

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**OFFICE STAFF ONLY:**

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

Plan developed with

Staff training needed/undertaken – who, what, when

<b>SEN SUPPORT CATEGORY OF NEED:</b>	C&L Cognition & Learning <input type="checkbox"/>	C&I Communication & Interaction <input type="checkbox"/>	SEMH Social Emotional & Mental Health <input type="checkbox"/>	S/P Sensory and or Physical <input type="checkbox"/>
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Medical Pass issued (date):

**Copies to:** class teacher, Head's PA, music room, food tech, DT, science, year leader, art studio, learning mentors, PE, reception, library, MMS

Dear Parent / Carer

**CONSENT TO ADMINISTER PARACETAMOL AND TRAVEL SICKNESS MEDICINE –  
EFFECTIVE FROM SEPTEMBER 2019**

<b>CHILD'S NAME:</b>	<b>CLASS:</b>	<b>DATE:</b>
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The school will not administer paracetamol or travel sickness medicine unless this form is completed and signed

The Medicines Policy permits the school to administer the following non-prescription medicine if your child develops the relevant symptoms during the day. Pupils will be given a single standard dose suitable to their age and weight.

- Paracetamol (provided by the school).** The school will seek verbal consent before administering any paracetamol. It will not be administered as a preventative.
- Travel sickness medicine (provided by the parent in the original packaging with the manufacturer's instructions).** Parents will be advised if travel sickness medicine has been administered.

Tick the non-prescription medications above that you give your consent for the school to administer during the school day (from September 2018) and confirm that **you have administered these medicines in the past without adverse effect.** This information will stay on your child's records until they leave Thomas A Becket Junior School, so please keep the school informed of any changes to this consent.

SIGNED:	DATE:
NAME (PRINT):	

Yours sincerely,

Thomas A Becket Junior School

# Parental agreement for School to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	Clare Gatenby – Welfare Assistant
Name of school	Thomas A Becket Junior School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Has there been any adverse reaction to this drug in the past?	
Self-administration – y/n	
Procedures to take in an emergency	

***NB: Medicines must be in the original container as dispensed by the pharmacy***

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please note: If more than one medicine is to be given a separate form should be completed.

# RECORD OF CONTROLLED DRUG MEDICINE ADMINSTERED TO AN INDIVIDUAL CHILD

Name of School	Thomas A Becket Junior School
Name of Child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity Returned	
Dose and frequency of medicine	
<i>Staff Signature</i>	
<i>Signature of Parent</i>	

\*The administration of a controlled drug will be witnessed by a second member of staff.

Date	Time given	Dose given	Controlled Drug stock remaining	Name of staff member	Staff Initials	Countersignature *
continued/.....						

Child's Name:						
Date	Time given	Dose given	Controlled Drug stock remaining	Name of staff member	Staff initials	Countersignature*



# Record of Medicine Administered to all Children

(Controlled Drugs are recorded on a separate form)

Name of school

Thomas A Becket Junior School

**NOTE:** Verbal consent must be gained every time Paracetamol is administered. Staff must check that this has been administered without adverse effect to the child in the past and note this on the form.

Date	Child's Name	Time	Name of Medicine	Dose given	Adverse effects?	Signature of Staff	Print Name

## Staff training record – administration of medicines

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Refresher/update training date	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.**

- 1. telephone number**

**School telephone**

- 2. your location as follows [insert school address]**

**School address**

- 3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**

**Postcode**

- 4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

**Best entrance is:**

- 5. your name**
- 6. provide the exact location of the patient within the school setting**
- 7. provide the name of the child and a brief description of their symptoms**
- 8. put a completed copy of this form by the phone**

# Template H: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

# xxxxxxx Residential Visit 2019

Please complete all sections of this form and return it by xxxxxxxxxx.

## Personal Details

Child's name:		Class:		Date of birth:	
Parent/carer name(s):					
Primary contact telephone number:					
Home address (including post code):					

## Emergency Contact Details

In the case of an emergency, the first number we will call is the primary number given above. Please also provide at least two emergency contact numbers. If possible, a third contact is useful! Please bear in mind that an emergency could happen at any time of day, so do add separate daytime and evening numbers where appropriate.

1	Name:		Relationship to child:	
	Contact number(s):			
2	Name:		Relationship to child:	
	Contact number(s):			
3	Name:		Relationship to child:	
	Contact number(s):			

## Parental Consent

*Please read and sign the declaration below.*

I wish my son/daughter, \_\_\_\_\_, in class \_\_\_\_\_ to be allowed to take part in the above mentioned school journey and agree to him/her taking part in any or all of the activities.

I have ensured that my child understands that it is important for his/her safety, and that of the group, that any rules and instructions given by the staff in charge are obeyed.

I give / do not give permission for my child's photograph to be published on the TAB Twitter account and school website. (I understand that their name will not be printed on Twitter).

Parent signature:

Date:

## Medical Information

Has your child had any of the following? (please circle) (If you answer 'Yes' to any of these questions, please provide further information on page 3.)					
Asthma	Yes	No	Allergies to any drugs or medication	Yes	No
Bronchitis	Yes	No	Any other allergies, e.g. food	Yes	No
Heart condition	Yes	No	Recent contact with contagious diseases or infections	Yes	No
Severe headaches	Yes	No	Any other illness or disability	Yes	No
Fits, fainting or blackouts	Yes	No			

Has your child received a tetanus vaccination booster? (normally at age 5)	Yes	No
Is your child receiving medical treatment or taking regular medication, or have they been given specific medical advice to follow in emergencies?	Yes	No

If any medication may need to be taken during the residential week, please provide details on page 3.

On occasion, a child may require medication. However, we are not allowed to administer medication without your written consent. Please tick the boxes below to state which medicines you allow us to administer if deemed necessary.
<input type="checkbox"/> Paracetamol <input type="checkbox"/> Liquid paracetamol (i.e. Calpol or equivalent) <input type="checkbox"/> Anti-histamines (i.e. Piraton) <input type="checkbox"/> Insect bite cream
<p>I give my permission for my child to be given the above medications when deemed necessary and certify that they have taken these before with no adverse effects.</p> <p>Signed: _____ Date: _____            Parent/carer</p>

## Dietary Requirements

Please indicate if your child has any specific dietary requirements (tick as appropriate)				
Vegetarian	Vegan	Nut allergy	Dairy allergy	Other
Please give details:				

If your child requires any medication during the visit, this must be handed to staff on the morning of departure, where it will be logged.

## Additional Information

### Medication Requirements

Please provide any additional information relating to any medicines which will need to be administered during the residential week, indicating dosage, regularity of administration, etc. Please note that we will be unable to give medication to any child unless it has been recorded here. This includes medication which is administered 'as needed'.

*e.g. 5ml Beconazon to be given three times daily immediately after lunch and dinner, and immediately before sleep.*

### Additional Medical Information

Please provide any additional information relating to pre-existing medical conditions, or previous issues.

### Family Doctor

Please provide details of the family GP, in case of emergencies.

Doctor's Name:

Surgery Address:

Telephone Number:

## Code of Conduct

Please read through this information with your child, ensuring that the code of conduct is clear. We will also discuss the code in school. Children should sign this page to confirm that they agree to abide by the code of conduct for the duration of the visit. Please also sign the form to confirm that you have read the information included.

- You will leave your **mobile phone at home** (a full day's activities will be lost and the phone will be confiscated for breach of this rule).
- You will obey instructions given by the teachers, group leaders and instructors without delay at all times. They are the experts and they have your safety as their first priority.
- You will be punctual for all activities and meals. We all want to make the most of our time and do not want to be wasting any of it!
- If you are walking around the centre you will always make sure that you are with at least two other pupils or teacher/helper.
- During your free time, you must follow the instructions of teachers, group leaders and centre staff.
- Only go onto an activity or piece of equipment if the instructor has told you to - the equipment can be very dangerous!
- Your room is to be kept clean and tidy - there will be room checks daily! Please keep your room locked at night and check that it has been locked before leaving the corridor.
- During your free time, you may invite up to 2 other pupils of the same sex into your room. You must not go into anyone else's room unless you are invited.
- You will be meeting other members of the public. Always be polite and helpful.
- Respect all property and equipment. (Remember no chewing gum!)
- While on the coaches, you will behave in a sensible way and listen to the driver's own rules.
- Think of others and how your words and actions affect them. Support each other - an activity that is easy for you may be a real challenge for someone else.
- Have a good time and smile!

I agree to abide by the code of conduct and behave in a sensible and appropriate manner at all times.

Child's signature:		Date:	
Parent's signature:		Date:	



**THOMAS A BECKET JUNIOR SCHOOL**  
**YEAR XXX ACTIVITIES (OFF-SITE AND ON-SITE) CONSENT FORM**

During the academic year 2015/16 children in Year XXX will take part in a variety of off-site visits and activities in school.

Instead of asking you to sign a consent form for each visit we are asking parents to complete one form at the beginning of the year. **We will assume the medical details remain unchanged unless we hear from you.** A letter will still be sent giving full details of each visit before these take place (including if any voluntary contributions are required for the activity to go ahead).

**Child's name:**

**Class:**

- I give permission for my son/daughter to take part in the off-site or on-site activities mentioned above and agree to his/her taking part in any or all of these as described and any others which may be added during the academic year.
- I have ensured that my child understands that it is important for his/her own safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.
- I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent they cannot be held responsible for any loss, damage or injury arising during or out of the visits.
- I consent to any emergency medical treatment necessary during the course of the visit and I agree to the administration of Paracetamol if necessary (10 years and over only). I certify that Paracetamol has been taken before with no adverse effects.

**Please tick or complete where necessary:**

<input type="checkbox"/>	My child has no illness, allergy or physical disability.
<input type="checkbox"/>	My child has the following illness, allergy or disability: .....
<input type="checkbox"/>	My child may need the following medical treatment/will need to carry the following medication: ..... ..... .....

Date of birth:
Name of Doctor:
Doctor's address:
Doctor's tel no:

**Emergency contact(s) for the day of the visits (in order of preference):**

1.	Name:	Tel no:
2.	Name:	Tel no:
3.	Name:	Tel no:

**Signed .....** parent/carer

(One copy of the completed form to remain with the teacher in charge of the visits and one copy to be kept in the school office)