



## Supporting Pupils with Medical Conditions Policy

At Queen Elizabeth's Grammar, Alford the named persons with responsibility for this Policy are:

|                        |                  |
|------------------------|------------------|
| Designated Lead        | Mr A Mills       |
| Deputy Designated Lead | Miss B Allen     |
| Designated Governor    | Mr P Rigarlsford |

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
Next date due to be reviewed by the Governors: May 2025



# Queen Elizabeth's Grammar, Alford

## A Selective Academy



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Approved by:       Governing Body  
Date Approved:    May 2021  
Last reviewed:     May 2021  
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### 1. PURPOSE

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is to ensure that:

- Pupils, staff and parents understand how QEGS will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same educations as other pupils, including school trips and sporting activities

### CONTEXT

One of the key school aims is to develop the full potential of each individual pupil. Learning must be central to the life of every one of our pupils. We acknowledge the needs of individual pupils and strive to help them develop their full potential. The staff at QEGS are committed to providing pupils with a high-quality education whatever their health need, disability, or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEND are not discriminated against.

### PRINCIPLES

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised
- If children can be in school, they should be in school. Children's diverse personal; social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
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### DEFINITION OF HEALTH NEEDS

For the purpose of this policy, pupils with health needs may be:

- Pupils with chronic or short-term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- Pupils who are physically unwell or injured or are recovering from medical interventions, or
- pupils with mental or emotional health problems.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles. Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, the school will comply with their duties under the Equality Act 2010. Some may also have special educational needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

**The school will follow** the Special Educational Needs and Disability (SEND) Code of Practice (2019) where pupils who have medical conditions require an Education, Health Care Plan.

### IMPLEMENTATION

- The school will implement the policy by:
- Allocating staff to take on day to day responsibility
- Making sure sufficient staff are suitably trained
- Making staff aware of a pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Ensuring that pupils and parents are fully aware of the policies
- Providing cover teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring Individual Healthcare Plans (IHPs)
- Ensuring that all staff are aware of procedures in the event of a medical emergency

### BACKGROUND

This Policy meets the school's statutory requirements under section 100 of the Children and Families Act (2014) which places a duty on the school to make arrangements for supporting pupils in school with medical conditions.

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
Next date due to be reviewed by the Governors: May 2025



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This policy complies with the Department for Education's statutory guidance Supporting Pupils at School with Medical Conditions (2015).

### 2. ROLES & RESPONSIBILITIES

#### 2.1 THE BOARD OF GOVERNORS

The Board of Governors must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

#### 2.2 THE HEADTEACHER

The Headteacher will ensure that the school's policy is 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. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Headteacher has overall responsibility for the development of individual healthcare plans and will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with the relevant agencies.

#### 2.3 PARENTS

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. 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. Parents are advised to contact the school if there are likely to be any accessibility issues. They should also discuss with the school if they are concerned that pupil learning has been or will be affected.

#### 2.4 PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other pupils will often be sensitive to the needs of those with medical conditions.

#### 2.5 SCHOOL STAFF

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they are not required to do so and must work within their own limitations. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions whom they teach.

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Date Approved: May 2021  
Last reviewed: May 2021  
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School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

### 2.6 OTHER HEALTHCARE PROFESSIONALS

Other healthcare professionals, including GPs and paediatricians, should notify the school when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### 3. STAFF TRAINING AND SUPPORT

- Any member of school staff providing support to a pupil with medical needs should have received suitable training.
- In school we do have trained first aiders. Those children with specific medical needs are only to be supported by staff with the appropriate training. Pupils with specific medical needs may have a health care plan and annual training is given to support specific pupils where the need is identified.

If additional pupils join the school, training is given during staff meetings and plans are shared. All staff should be aware of these pupils and know how to access plans. A trained first aider would support the pupil but if in doubt during a medical emergency any member of staff would call an ambulance.

### 4. MANAGING MEDICINE ON SCHOOL PREMISES

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- The school will administer prescription and non-prescription medicines. A parent needs to complete the form which can be obtained from the office. Medicine will be kept in a locked medicines cupboard;
- children under 16 will not be given medicine containing aspirin, unless prescribed by a doctor;
- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents; where

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Date Approved: May 2021  
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clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours;

- The school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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;
- All medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away, it may be required that these are kept on them and in these cases, teachers will be made aware. In some cases, a spare is also available in the locked medicines cupboard. This is particularly important to consider when outside of school premises, e.g. on school trips;
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- Whilst the school will check dates of medicine termly, it is the parents responsibility to ensure that the school is provided with up-to-date medication.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but, passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access to these. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held;
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Parents should sign an agreement for the school to administer medicine (see Appendix B)
- 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 in school.

### 4.1 CONTROLLED DRUGS

Controlled drugs are prescription medicines that are controlled under the Misuse of Drug Regulations (2013). A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure locked place. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 5. RECORD KEEPING

The Board of Governors will ensure that written records are kept of all medicines administered to children. Medicine sheets are completed and stored with the medication. (see Appendix C/E)

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
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### 6. INDIVIDUAL HEALTHCARE PLANS

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. However, the Headteacher will work closely with members of staff such as the SENDCO and Head of School.

- Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.
- Plans will be developed with the pupil's best interests in mind and will set out:
  - What needs to be done
  - When
  - By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.
- Plans will be drawn up in partnership with the school, pupil and parents and where appropriate, a relevant healthcare professional, who can best advise on the pupil's specific needs.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.
- The format and what is included in the IHP can be found in (Appendix A). This includes what to do in an emergency, who to contact, and contingency arrangements.

### 7. EMERGENCY PROCEDURES

- First aiders are trained to administer any available drugs that will support the pupil in an emergency.
- All staff will phone 999 in an emergency – first aiders, if possible, would make these calls so that they have as much information as possible to hand (See Appendix D contacting medical services)
- On An educational visit a risk assessment will be completed. All staff will be made aware of the risk assessment. All relevant drugs will be taken on a visit. All trips must have a minimum of 1 first aider. EVC documents ensure that the organiser of the trip has ensured that this will happen. All medication/inhalers will be taken if relevant to the pupils attending. At least one member of staff will have a mobile phone and will use it in the event of an emergency. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.
- As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
Next date due to be reviewed by the Governors: May 2025





ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, 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. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

### 8. EQUAL OPPORTUNITIES

- The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.
- The school acknowledges the Equalities Act (2010) and the school works proactively to support all pupils.

### 9. UNACCEPTABLE PRACTICE

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- 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;

Approved by: Governing Body  
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- 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### 10. LIABILITY AND INDEMNITY

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

#### IMPACT ON LEARNING

All pupils are regularly assessed, and the school should identify if any medical issues appear to have an impact on learning. These should be reported to the Heads of Subject or to the Heads of School. Medical needs might be identified as special needs, which would mean the involvement on the SENDCo.

### 11. COMPLAINTS

The Governing Board will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

### 12. SOME LINKED POLICIES

- Trips and visits
- SEND
- Drugs Education policy and dealing with drugs
- PSHE
- Attendance
- Safeguarding
- Health and Safety

### 13. COVID

Please see the school website for updated Covid guidelines

Approved by: Governing Body  
Date Approved: May 2021  
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### Appendices

Appendix A: Individual Health Care Plan (Attached)

Appendix B: Parental agreement for school to administer medicine (Attached)

Appendix C: Bespoke Medication Log

Appendix D: Contacting emergency services

Approved by: Governing Body  
Date Approved: May 2021  
Last reviewed: May 2021  
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### APPENDIX A: QEGS ALFORD: INDIVIDUAL HEALTHCARE PLAN

#### HEALTH CARE PLAN

|  |  |
|--|--|
| <b>Name:</b>   | <b>Date of Plan:</b>   |
| <b>DOB:</b>  | <b>Review Date:</b>  |
| <b>Form:</b>   | <b>SEN Stage:</b>  |
| <b>Address:</b>  | <b>Family Contact Information</b><br><b>Name</b><br><b>Phone no. (work)</b><br><b>(home)</b><br><b>(mobile)</b><br><b>Name</b><br><b>Relationship to child</b><br><b>Phone no. (work)</b><br><b>(home)</b> |
| <b>Area of Need:</b>   |  |
| <b>Clinic/Hospital Contact</b>   |  |
| <b>Name</b>  |  |
| <b>Phone no.</b>   |  |
| <b>G.P.</b>  |  |
| <b>Name</b>  |  |
| <b>Phone no.</b>   |  |
| <b>Other health care professionals involved</b><br><b>(please attach any relevant documentation or advice)</b> |  |
| <b>Name</b>  |  |
| <b>Role</b>  |  |
| <b>Describe condition and details of pupil's individual symptoms:</b>  |  |
| <b>Pupil comments</b>  |  |
| <b>Other additional support strategies</b>   |  |

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 Date Approved: May 2021  
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|  |
|--|
|  |
| <b>Who is principally responsible for providing support in school?</b>   |
| <b>Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.</b><br><br><b>Medical needs,</b><br><br><b>Symptoms, triggers, signs</b><br><br><b>Possible environmental impacts</b><br><br><b>In school treatments (but see medication below)</b> |
| <b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision</b>  |
| <b>Does pupil self-medicate?</b>   |
| <b>Daily care requirements (if any)</b>  |

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Date Approved: May 2021  
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|   |
|---|
|   |
| <b>Specific support for the pupil's educational, social and emotional needs: e.g. how absences, managed, requirements of extra time, rest periods, extra support in catching up</b> |
| <b>Has there been any impact on learning now or in the past?</b>  |
| <b>Additional arrangements for school visits/trips etc.</b>   |
| <b>Other information: NA</b>  |
|   |
| <b>Follow up care:</b>  |
| <b>Who is responsible in an emergency (state if different for off-site activities)</b>  |

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|   |
|---|
|   |
| <b>Plan developed with:</b>                               |
| <b>Staff training needed/undertaken – who, what, when</b> |
|   |
| <b>Form copied to:</b>                                    |
|   |

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Last reviewed: May 2021  
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### APPENDIX B: QEGS ALFORD PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE.

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

|                                    |  |
|------------------------------------|--|
| Date for review to be initiated by |  |
| Name of school/setting             |  |
| Name of child                      |  |
| Date of birth                      |  |
| Group/class/form                   |  |
| Medical condition or illness       |  |

#### Medicine

|   |  |
|---|--|
| Name/type of medicine<br><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/setting needs to know about? |  |
| 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. |  |

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 Date Approved: May 2021  
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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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Approved by: Governing Body  
Date Approved: May 2021  
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### APPENDIX C: BESPOKE MEDICATION LOG

|                   |  |               |  |
|-------------------|--|---------------|--|
| <b>Name</b>       |  | <b>Parent</b> |  |
| <b>Medication</b> |  | <b>HoY</b>    |  |
| <b>Dosage</b>     |  |               |  |
| <b>Timescale</b>  |  |               |  |

|      |      |      |      |      |      |
|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |

|      |      |      |      |      |      |
|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |

|      |      |      |      |      |      |
|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |

|      |      |      |      |      |      |
|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
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| Time |      |      |      |      |      |

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|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
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|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
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| Time |      |      |      |      |      |

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|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
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|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |
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|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
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|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
| Time |      |      |      |      |      |
| Time |      |      |      |      |      |

|      |      |      |      |      |      |
|------|------|------|------|------|------|
|      | Date | Date | Date | Date | Date |
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 Date Approved: May 2021  
 Last reviewed: May 2021  
 Next date due to be reviewed by the Governors: May 2025



# Queen Elizabeth's Grammar, Alford

## A Selective Academy



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### APPENDIX D: 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. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

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