**St Peter’s Catholic Primary**



Supporting Pupils with Medical Conditions Policy

**Contents:**

[Statement of intent](#_Statement_of_Intent)

1. [Key roles and responsibilities](#_Key_roles_and)
2. [Definitions](#_Definitions)
3. [Training of staff](#_Training_of_staff_1)
4. [The role of the child](#_Drug_Education)
5. [Individual Healthcare Plans (IHCPs)](#_Individual_Healthcare_Plans)
6. [Medicines](#_Medicines)
7. [Administering medication](#_Administration_of_medication)
8. [Emergencies](#_Emergencies_1)
9. [First aid](#_First_aid)
10. [Avoiding unacceptable practice](#_Avoiding_unacceptable_practice_1)
11. [Insurance](#_Insurance)
12. [Complaints](#_Complaints)
13. Appendices
	1. [Individual healthcare plan implementation procedure](#_Appendix_1_–)
	2. [Individual healthcare plan template](#_Appendix_2_-_1)
	3. [Parental agreement for a school to administer medicine template](#_Appendix_2_-)
	4. [Record of medicine administered to an individual child template](#_Appendix_3_-)
	5. [Record of medicine administered to all children](#_Appendix_4_-)
	6. [Staff training record – administration of medicines](#_Appendix_5_-)
	7. [Contacting emergency services](#_Appendix_6_-)
	8. [Model letter inviting parents to contribute to individual healthcare plan development](#_Appendix_7_-)
	9. [Incident reporting form](#_Appendix_9_-)

# Statement of intent

St Peter’s Catholic Primary wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the DfE’s guidance released in April 2014: Supporting pupils at school with medical conditions.

Ofsted places a clear emphasis on meeting the needs of pupils with Special educational needs and disabilities (SEND), and this includes children with medical conditions.

At St Peter’s, we aim to:

* to ensure that children requiring medicines receive the support they need consistent with Every Child Matters
* to ensure that everyone, including parents, is clear about their respective roles
* to put in place effective management systems to help support individual children with medical needs
* to ensure that medicines are handled responsibly
* to ensure that all school staff are clear about what to do in the event of a medical emergency

Signed by:

 Headteacher Date:

 Chair of Governors Date:

# **Key roles and responsibilities**

* 1. **The local authority (LA) is responsible for:**
		1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
		2. Providing support, advice and guidance to schools and their staff.
		3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
		4. Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHCP) can be delivered effectively.
	2. **The governing body is responsible for:**
		1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of St Peter’s Catholic Primary
		2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
		3. Handling complaints regarding this policy as outlined in the school’s Complaints Policy.
		4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
		5. Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
		6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
		7. Keeping written records of any and all medicines administered to [individual pupils](#_Appendix_3_-) and [across the school population](#_Appendix_4_-).
		8. Ensuring the level of insurance in place reflects the level of risk.
	3. **The headteacher is responsible for:**
		1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St Peter’s Catholic Primary, ensuring the policy is developed effectively with partner agencies.
		2. Making staff aware of this policy.
		3. Liaising with healthcare professionals regarding the training required for staff.
		4. Making staff who need to know aware of a child’s medical condition.
		5. Developing IHCPs.
		6. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
		7. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
		8. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
		9. Contacting the school nursing service in the case of any child who has a medical condition.
		10. Organising first-aid training.
	4. **Staff members are responsible for:**
		1. Taking appropriate steps to support children with medical conditions.
		2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
		3. Administering medication, if they have agreed to undertake that responsibility.
		4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
		5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
	5. **School nurses are responsible for:**
		1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
		2. Liaising locally with lead clinicians on appropriate support.
	6. **Parents and carers are responsible for:**
		1. Keeping the school informed about any changes to their child/children’s health.
		2. Completing a [parental agreement for school to administer medicine](#_Appendix_2_-) form before bringing medication into school.
		3. Providing the school with the medication their child requires and keeping it up-to-date.
		4. Collecting any leftover medicine at the end of the course or year.
		5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
		6. Where necessary, developing an [IHCP](#_Appendix_1_–) for their child in collaboration with the headteacher, other staff members and healthcare professionals.

# **Definitions**

* 1. “Medication” is defined as any prescribed or over the counter medicine.
	2. “Prescription medication” is defined as any drug or device prescribed by a doctor.
	3. A “staff member” is defined as any member of staff employed at St Peter’s Catholic Primary, including teachers.

# **Training of staff**

* 1. Teachers who undertake responsibilities under this policy will receive the training externally for the specific medical need.
	2. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering medication.
	3. No staff member may administer drugs by injection unless they have received training in this responsibility.

# **The role of the child**

* 1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
	2. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
	3. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
	4. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.

# **Individual Healthcare Plans (IHCPs)**

* 1. Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
	2. IHCPs will be easily accessible whilst preserving confidentiality.
	3. IHCPs will be reviewed every September or when a child’s medical circumstances change, whichever is sooner.
	4. Where a pupil has an Education, Health and Care (EHC) plan or special needs statement, the IHCP will be linked to it or become part of it.
	5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

# **Medicines**

* 1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
	2. No child will be given any prescription medicine without written parental consent except in exceptional circumstances.
	3. School will only administer prescription medicines unless otherwise directed in an individual health care plan.
	4. Where a pupil is prescribed medication without their parents’/carers’ knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
	5. No child under 16 years of age will be given medication containing aspirin without a doctor’s prescription.
	6. Medicines MUST be **in date, labelled**, and provided in the **original container** (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
	7. A maximum of four weeks supply of the medication may be provided to the school at one time.
	8. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drugs Policy.
	9. Medications will be stored in the school medical cabinet or fridge.
	10. Any medications left over at the end of the course will be returned to the child’s parents.
	11. Pupils will never be prevented from accessing their medication.
	12. St Peter’s Catholic Primary cannot be held responsible for side effects that occur when medication is taken correctly.

# **Administering medication**

* 1. Teachers and support staff will receive training on the administering medicines
	2. Medications will only be administered at school if it would be detrimental to the child not to do so.
	3. Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement.
	4. Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the headteacher will delegate the responsibility to another staff member.
	5. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
	6. Written records will be kept of any medication administered to children.

# **Emergencies**

* 1. Medical emergencies will be dealt with under the school’s emergency procedures.
	2. Where an IHCP is in place, it should detail:
	+ What constitutes an emergency?
	+ What to do in an emergency.
	1. Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
	2. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

# **First aid**

* 1. St Peter’s Catholic Primary accepts its responsibilities under the Health and Safety (First Aid) Regulations 1981.
	2. The headteacher will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the school and the supporting of pupils with medical conditions.
	3. The headteacher is responsible for organising first-aid training.
	4. Unless first-aid cover is part of a staff member’s contract of employment, people who agree to become first-aiders should do so on a voluntary basis.
	5. Lunch time supervisors are requested to undertake first-aid training.
	6. The designated medical area is the school office, with First Aid stations around school. School will endeavour to provide appropriate facilities to manage the medical condition of any child who requires more than first aid.
	7. School has five first-aid stations, which can be found in the Nursery, school office, junior corridor and infant corridor. These stations contain a sufficient number of suitable provisions to enable the administration of first-aid.
	8. School has two travelling first-aid containers for use during school trips and off-site visits, which are stored in the office store cupboard.
	9. Inventories are kept of all first-aid supplies including expiry dates. Full lists are kept in the medical and asthma file in school office.
	10. First-aiders will be made aware of any pupils with medical conditions and treat them accordingly, should the need for first-aid arise.
	11. The main duties of the first aiders are to give immediate help to casualties with common injuries and those arising from specific hazards or medical conditions at St Peter’s Catholic Primary, and ensure that an ambulance or other professional medical help is called where appropriate.
	12. The headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Other reportable injuries will be reported within 10 days.

# **Reasonable adjustments**

* 1. St Peter’s Catholic Primary will meet its duties under the Equality Act 2010.
	2. St Peter’s Catholic Primary will make reasonable adjustments for pupils with medical conditions, including the provision of auxiliary aids.

# **Avoiding unacceptable practice**

* 1. St Peter’s Catholic Primary understands that the following behaviour is unacceptable:
* Assuming that pupils with the same condition require the same treatment.
* Ignoring the views of the pupil and/or their parents.
* Ignoring medical evidence or opinion.
* Sending pupils home frequently or preventing them from taking part in activities at school.
* Sending children to the school office alone if they become ill.
* Penalising pupils with medical conditions for their attendance record where the absences relate to their condition e.g. hospital appointments
* Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
* Creating barriers to children participating in school life, including school trips.
* Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

# **Insurance**

* 1. Teachers who undertake responsibilities within this policy are covered by the school’s insurance.
	2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher

# **Complaints**

* 1. The details of how to make a complaint can be found in the Complaints Policy:

Elaine M. Summersgill

February 2019

To be reviewed February 2022

# **Appendix 1 - Individual healthcare plan implementation procedure**

# **Appendix 2 - Individual healthcare plan template**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of School/Academy Individual Health Care Plan**

|  |  |
| --- | --- |
| Child’s name:  |  |
| Group/class/form: |  |
| Date of birth: |  |  |  |  |
| Child’s address: |  |
| Medical diagnosis or condition: |  |
| Date: |  |  |  |  |
| Review date: |  |  |  |  |
| **Family Contact Information** |  |
| Name: |  |
| Phone number (work): |  |
| (home): |  |
| (mobile): |  |
| Name: |  |
| Relationship to child: |  |
| Phone number (work): |  |
| (home): |  |
| (mobile): |  |
| **Clinic/Hospital Contact** |  |
| Name: |  |
| Phone number: |  |
| **G.P.** |  |
| Name: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| 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:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Arrangements for school visits/trips:

|  |
| --- |
|  |

Other information:

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

Form copied to:

|  |
| --- |
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#

# **Appendix 3 - Parental agreement for a school to administer medicine**

**St. Peter’s Catholic Primary, Stalybridge**

**Parental and Headteacher agreement for school to administer medicine**

School will not give your child medicine unless you complete and sign this form and it is signed by the Headteacher

**Name of child**………………………………………………………… **Date**………………………..

**Date of birth**…………………………… **Year**………..

**Medical condition or illness**………………………………………………………………………………

……………………………………………………………………………………………………………….

**Medicine**

**Name of medicine** (as described on container)…………………………………………………………………

**Date dispensed**…………………………… **Expiry date of medicine**……………………………

**Dosage and method**………………………………………………………………………………….

…………………………………………………………………………………………………………….

**Date of last medication by school**…………………………………………………………………………

(Please note that school takes no responsibility for remembering to administer the medicine at the specified times)

**Special precautions to be taken** (if none, please state ‘none’)………………………………………………

……………………………………………………………………………………………………………..

**Procedures to take in an emergency**………………………………………………………………..

………………………………………………………………………………………………………………

**CONTACT DETAILS**

**Name**…………………………………………………………………………………………………….

**Daytime telephone no**…………………………………………………………………………………

**Name and phone no. of GP**…………………………………………………………………………..

\* The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy.

\* I understand that I must deliver the medicine personally to Mrs Chadwick, Mrs Murray, or Mrs Summersgill via the office, not the classroom.

\* I accept that this is a service that the school is not obliged to undertake.

\* I understand that I must notify the school immediately in writing, if there is any change in dosage or frequency or if the medicine is to be stopped.

\* I agree to collect any unfinished medicine and am responsible for the disposal of such medicine.

**Date**……………………… **signature(s)**……………………………………………………………….

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**It is agreed that** ……………………………………………………………………………………………………….**will receive**

**(quantity and name of medicine)**…………………………………………………………………………………………………..

………………………………………………………………………**every day at** …………………………………………………..

**and will be supervised by (name of staff)**……………………………………………………………………………………….

**and witnessed by (name of staff)**…………………………………………………………………………………………………..

**This arrangement will continue until**........................................................................................................................

**Date**…………………………… **Headteacher’s signature**………………………………………………………………….

# **Appendix 4 - Record of medicine administered to an individual child template**

|  |
| --- |
| **Name of School/Academy record of medicine administered to an individual child** |
| 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: |  |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |
|  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |
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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |
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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |  |  |
| Time given: |  |  |  |
| Dose given: |  |  |  |
| Name of member of staff: |  |  |  |
| Staff initials: |  |  |  |

# **Appendix 5 - Record of medicine administered to all children**

|  |
| --- |
| Name of School/Academy |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Child’s name | Time | Name of medicine | Dose given | Any reactions | Signature of staff | Print name |
|  |  |  |  |  |  |  |  |
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# **Appendix 6 - Staff training record – administration of medicines**

|  |  |
| --- | --- |
| Name of school/setting: |  |
| Name: |  |
| Type of training received: |  |
| Date of training completed: |  |  |  |  |
| Training provided by: |  |
| Profession and title: |  |

I confirm that add 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 by add 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:

# **Appendix 7 - 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.**

* Your telephone number - **Add phone number**
* Your name.
* Your location as follows: **Add full address**.
* The satnav postcode (if different from the postal code.) **Add postcode**
* The exact location of the patient within the school.
* The name of the child and a brief description of their symptoms.
* The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

# Appendix 8 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: 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 with the school, parents/carers, 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 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 include add details of team. 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 add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher

# **Appendix 9 - Incident reporting form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of incident** | **Time of incident** | **Place of incident** | **Name of ill/injured person** | **Details of the illness/injury** | **Was first-aid administered? If so, give details** | **What happened to the person immediately afterwards?** | **Name of first-aider** | **Signature of first-aider** |
|  |  |  |  |  |  |  |  |  |
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