

HEALTH AND SAFETY POLICY

Designated Member of Staff: G Tucker/Premises Committee

Designated 1<sup>st</sup> aiders: Emma Lee and Kathy Burrows (supported by Debbie Minett and Rachael Worgan)

## **SECTION ONE**

### **Statement and General Policy**

This statement is a supplement to the Children & Young People's Directorate Health & Safety Policy Statement 2007 which is kept in the school office.

This policy applies to all County Council employees who work within the school premises. School premises include:-buildings, car parks and other places used by the County Council employees in the course of their employment.

### **1 Risk Assessment**

1. Risk assessments are at the core of staying safe. Risks should be assessed in a way that ranks them by severity/probability and control measures should be proportional to the level of risk.
2. Guidance on minimising risks regularly encountered e.g. journeys, manual handling of a disabled child, swimming pool safety, use of gym equipment, are recorded centrally in policies. Risk Assessment for other significant activities e.g. off-site visit destinations, should also be recorded.
3. Some risk assessments are more immediate e.g. whether to restrain a child, where to salt/sand on frosty mornings. A written assessment is not appropriate but any lessons learnt should be noted.

### **2 Management**

1. The governors and the headteacher have overall responsibility for all matters relating to health and safety at work within all areas of the school.
2. The school's policy is to establish and maintain, as far as is possible, safe working and learning conditions for all staff and pupils by continuous attention to all aspects of health and safety at work. It is a management responsibility to do everything reasonably practicable to prevent personal injuries and risks to health.
3. The implementation of this policy requires the support of all staff. All staff have a statutory duty under the Health and Safety at Work Act 1974 to take reasonable care for the health and safety of themselves, others who may be affected by their action(s) or omissions and to co-operate with their employer/manager in respect of any duty or requirement imposed on them by law. In particular, it is the personal responsibility of each member of staff to use properly and conscientiously all safety equipment. Staff must read and implement all health and safety instructions sent to the school which will be drawn to their attention.
4. Every opportunity will be taken to consult with staff regarding health and safety matters. The governors and headteacher will ensure that any necessary on-the-job training is given: particular attention will be paid to new staff. Where appropriate, staff may be encouraged to attend health and safety courses. It is the responsibility of individuals to identify for themselves possible training requirements.
5. If during the course of their work staff are injured, become unwell, or involved in or become aware of any situations that are potentially unsafe or which present a threat to the

- environment, they must inform the headteacher at the earliest opportunity. This is required by legislation so that lessons can be learnt and shared with others who are similarly affected.
6. A Guide to the Law for School Governors outlines the roles and responsibilities for the Governing body and highlights 3 levels of responsibility.

Level three includes teachers, teaching assistants and lunchtime supervisors, cleaners. Such staff should:

Check the safety of the classroom or work area

See that any equipment to be used is safe

Ensure that safe procedures are followed and that protective equipment is used.

Report any defects to the office (most staff), the cleaner-in-charge (cleaners).

Undertake other specified tasks as appropriate, e.g. first aider.

Level two includes the leadership team, admin staff and the school cleaner-in-charge. Such staff should:-

Bring procedures to the notice of staff and check that they are followed;

Review these procedures regularly

Arrange for the training of staff

Act on reports from staff in level three and report problems to the Headteacher (level one).

Level one The headteacher. The head has day-to-day responsibility for all health and safety matters in the school and ensure that the school's health and safety policy is carried out. In addition the headteacher should act on reports from staff in level two and report problems to the governing body or LA as appropriate.

Staff who know of anything which they consider a risk should report this to the Headteacher or other appropriate member of staff.

## SECTION TWO

Carrying out the Policy

The member of staff responsible for health and safety at Woodmancote School is the headteacher.

The Governors have a Premises Committee; and a named Health & Safety governor (currently Mr John Musgrave) that committee regularly reviews the Policy Statement and delivery of Health and Safety and reports to the full governing body.

Subject guidelines and codes of practice are held by and are available from the subject leaders.

The Health and Safety at Work Act 1974 impose additional duties on the Gloucestershire Authority as the employer, in respect of others that use the premises. All staff should be aware of this and should ensure that where particular hazards exist or safe working procedures are required, they are brought to the attentions of the pupil, student, visitor or contractor.

## SECTION THREE

The tremendous variety of activities, persons and premises involved in educational activities make it unrealistic to attempt to recite the types of situation and circumstances in which accidents might happen in school. However, the following are the more common hazards:-

- Road, playground and sport activities.
- Obstructing passages and emergency exits with furniture or other impediments.
- Uneven or overwaxed floors or broken floor coverings.
- Spillage of liquids on floor causing slippery surfaces.
- Rough or sharp edges e.g. on furniture/equipment.
- Defective or misused seating.
- Misuse of electric or mechanical appliances and machines, and defects in such appliances.
- Trailing wires, cables, etc. over floors.
- Faulty electrical wiring and unauthorised alterations to wiring.
- Non-use of guards on machines, paper trimmers.
- Misuse or non-use of ladders or steps, e.g. over reaching, unstable structures, chairs or tables.
- Inadequate safe working procedures.

Section 3 comprises a series of appendices relating to specific issues.

Currently they are:-

- 3.1 Security
- 3.2 Journeys and visits (updated 2007)
- 3.3 Electrical safety
- 3.4 Animals in school
- 3.5 First Aid and welfare
- 3.6 Fire and fire precautions
- 3.7 Housekeeping
- 3.8 Accidents and Incidents
- 3.9 Medicines (see Policy on Children with Medical Needs in School)
- 3.10 Asthma
- 3.11 Allergy and Anaphylaxis (see Anaphylaxis Awareness/Management Policy)
- 3.12 Headlice
- 3.13 Physical education
- 3.14 Bicycles
- 3.15 Stress
- 3.16 Lone working
- 3.17 Ladders and access
- 3.18 Contractors

### 3.1 SECURITY POLICY

1. Gates are closed to traffic at the end of the school day when children are arriving at or leaving school.
2. All visitors to school must report to the school office where they sign in a visitor's book and are issued with a badge. Visitors also report back to the office to return their badge and sign out on departure.
3. All voluntary helpers in school have appropriate checks and no parent is allowed to work alone with children if they do not have an enhanced DBS check.
4. Staff always courteously challenge anyone on site who they do not recognise and who is not wearing a badge.
5. During the school day, external doors with suitable self-lock (ie no fire risk) are kept locked. Classroom doors with self-locks can be open for ventilation but are locked when the teacher/class leaves the room.
6. All children are told that once they have arrived at school, they must not leave without permission. As long as they do not go through a fence or gate, they will be in school. The gate near the Reception classroom is kept closed and we ask parents to ensure they close it after them. The Britannia Way gate is locked by the Caretaker for the school day.
7. At the end of the day children in Reception are kept in class until their teacher or teaching assistant sees their parent/guardian. Other children are told to return to their teacher if they are not met as expected.
8. Children attending after school clubs require a consent form signed by their parent/guardian. If a child is unable to attend their nominated club for any reason the teacher concerned must be informed beforehand.
9. The front entrance has a buzzer system.
10. In the evenings when the school hall is hired out and access around the school is limited.
11. The school has sought advice from Gloucestershire County Council and the Gloucestershire Police Service. Security is also reviewed as part of the Health and Safety Inspection.
12. All adults should exercise due care and diligence to ensure their actions do not compromise security measures.

### 3.2 Physical Contact and Intervention

#### Physical Contact: Guidance

(see Gloucestershire booklet for full details)

1. This guidance applies to all staff.
2. Physical contact can and should be used appropriately and positively to reinforce relationships. Touching can give welcome reassurance to the child. However, touching should never take place in private. Staff are protected from unfounded accusations if witnesses are present.
3. Physical intervention as a means of control should always be the minimum the situation requires. It should:
  - Only be used as a last resort
  - In the best interests of the child
  - Never be punitive
  - Be reasonable, proportional and necessary.
4. Holding: (which falls short of restraint) can be used to direct or calm pupils. Restraint can be used where there is immediate risk of injury or significant damage.
5. Staff should not place themselves in danger, but staff are expected to engage in some risk where there is evident danger to children. Staff should not put themselves in personal danger merely to safeguard property.
6. Corporal punishment is banned in all maintained schools. Corporal punishment is the deliberate use of hurt and includes actions from throwing a pen to beating with a cane. Where unwarranted excessive or punitive physical force has been used, such incidents will be dealt with under staff disciplinary procedures.

Revised May 2005 (in light of new "Guidance on the use of Physical Intervention")

### 3.3 Electrical Safety

1. All school portable electrical items are inspected annually by recognised services.
2. Staff do not fit plugs. Portable electrical items are not brought into school.
3. There is an inspection of fixed electrical wiring every four years.

### 3.4 Animals in School

If a visit to a farm is planned see 25.1, 25.2 of the Health & Safety Manual.

1. We do not keep mammals, birds or reptiles in school (see "Collection of Spawn" below).
2. Collection of spawn - children should be discouraged from collecting spawn in an uncontrolled way. However, planned collection, good care and subsequent release of frogs can enhance the conservation of the species.
3. Fish - unlike most accommodation for other animals kept in schools, the well maintained aquarium provides the opportunity to show animals in a near natural environment. When considering fish, think carefully about their requirements. Tropical fish are difficult to maintain unless you have a very high commitment.
4. Invertebrates - these offer some advantages over vertebrates:
  - (a) a wide range of body shapes, patterns and ways of life.
  - (b) cheaper to house and feed.
  - (c) generally less demanding.
5. Examples - stick insects, locusts, American cockroaches (on a long-term basis). Earth worms, woodlice, slugs, snails, fresh water invertebrates (on a short-term basis). The life cycle of moths and butterflies can be observed in the classroom, culminating in the release of adults.
6. Bear in mind that some species of invertebrates are protected by law e.g. swallowtail butterfly and rainbow leaf beetle (Wildlife and Countryside Act, 1981). Invertebrates should not be exposed to any stress and should be seen to be treated with the same respect as vertebrates.
7. Native animal species - must be returned to their natural habitat, outside. This gives the opportunity for teachers to show children that all have a part to play in conserving wildlife.

### 3.5 First Aid and Welfare

1. The headteacher has overall responsibility for First Aid. Staff assess if a child is unwell or requires simple first aid, but will involve the first aiders (Mrs Emma Lee, Mrs Kathy Burrows, Mrs Debbie Minett and Mrs Rachael Worgan) for further assessment if necessary.
2. Every person carrying out first aid must wear protective gloves if they come into contact with blood or other body products.
3. All serious injuries (and always for injury to the head) must be reported to the Headteacher. The school secretary will require details to report the incident on line.

4. Serious injury caused by the inappropriate behaviour of a child also needs a written report or a red form and will be given to the headteacher. The written report or letter to parent is later placed in the child's file but no other copies made.
5. First Aid for Minor Injuries
6. Cuts and grazes are cleaned by rinsing under running water. Bleeding is easily stopped by pressure and elevation. Surrounding area can be cleaned with soap.
7. All injuries that result in parents being contacted will be recorded on the pink forms kept in the red medical folder. If after subsequent investigations the child attends hospital, a formal report is made via the reporting arrangements in the school office.

### **3.6 Fire and Fire Precautions**

(see Fire Risk Assessment Policy)

1. Fire exits must be free from obstruction and fire extinguishers clearly visible. Fire doors should not be wedged open.
2. In the event of fire, adults take such steps as they can, **WITHOUT PUTTING THEMSELVES AT RISK**, to contain the outbreak. Fire drill procedures (see next page) are displayed in every classroom and teachers should familiarise themselves with the requirements. Fire drills are carried out regularly and their effectiveness is monitored.

## IN THE EVENT OF FIRE

In case of fire, sound alarm.

1. Calmly evacuate school by the nearest exit. All class teachers to take register with them, if it is readily available. Shut the door, and if no risk, close windows.
2. Reception classroom assistants warn classes in terrapins after assisting evacuation of their own class.
3. Secretary to ring emergency services (unless false alarm or drill).
4. Assemble on field forming class lines facing classrooms.
5. Call register or do 'head count'. If all accounted for, hold register up at arms length. Wait for Head to acknowledge (or other senior staff member if Head not present).
6. If any pupils, or volunteers working with you, are unaccounted for report names to Deputy Head.
7. Headteacher/SLT to check school interior in the event of children being unaccounted for.



### 3.7 Housekeeping

#### 1. Resources and Equipment

- All equipment and resources should be stored safely and tidily to avoid people being at risk when accessing items.
- Children must be shown how to use equipment safely.
- Children are not allowed to collect equipment from store rooms unless supervised by an adult.
- Any equipment that is unsafe must be taken out of use immediately.

#### 2. Glue guns

Low temperature glue guns should be used, not hot glue guns. Low temperature glue guns can be used with children of all ages, but younger children may still need supervision.

#### 3. Cleaning Materials

Cleaning staff are responsible for employing their particular safety rules.

### 3.8 Accidents and Incidents

1. Minor injury is recorded in the First Aid Book which is in the **First Aid Area**. As this is open to visitors, sensitive information, e.g. the name of a child who caused an injury, should not be recorded here.
2. It is the responsibility of lunchtime supervisors or other members of staff to report incidents to the child's class teacher.
3. If a child receives a knock to the head a form is given to the child in order to notify their teacher and parents/guardian.
4. Incidents which indicate bullying are referred to the headteacher. (see Behaviour Policy).
5. For all but minor injuries (and always for serious bumps to the head) a report should be made promptly to the school secretary and the Headteacher. If appropriate the school secretary will enter details on the Safety, Health & Environment database. This is kept in the school office, so the use of this book has to come to the attention of the school secretary or the Headteacher.
6. Serious injury caused by the inappropriate behaviour of a child also needs a Written Report or a red form and will be drawn to the attention of the parents. The Written Report should be given to the Headteacher but no other copies made.
7. Any cases requiring first aid are usually dealt with in the medical room.
8. If first aider deem it appropriate, parents are contacted and advice given as to whether they should contact their local surgery or take their child to A and E.



### 3.10 POLICY ON CHILDREN WITH MEDICAL NEEDS AT SCHOOL

1. Children who are acutely unwell should be at home. School staff have no legal or contractual duty to administer medicines to children or to supervise a child taking medicine.
2. However, staff may volunteer to do this, either to ensure that a child needing regular long-term medication has access to education or to minimise the time a child needs to be absent from school. Medication should only be brought to school when absolutely essential.
3. Administering Medicines in the short term  
Non-prescription medication e.g. painkillers are not given by school staff.

Individual staff will decide whether they can assist in giving a child short term medication e.g. to complete a course of antibiotics. If they agree, school procedure will be followed (see below). If staff are not prepared to administer medication, parents should be referred to the Headteacher.

Long-term, special medical needs

(See Medical Conditions Policy, Supporting Pupils with Special Medical Needs)

4. The school has a duty to assist with long-term medical needs e.g. diabetes, epilepsy, administering daily medication. Staff need sufficient information to support the child, including contingency plans for emergencies but information is otherwise confidential.

#### 5. Procedure for Medicines in School

Parental consent IN WRITING has to be given. (Appendix A). Consent forms are retained in the class register.

Medicines are kept only in the staffroom or in the School Office, as children do not have unsupervised access to either room. (This does not include inhalers - see Asthma).

A child needing medication must be clear about where to go, to whom they report and when.

Some children can administer their own medicine, by agreement with parents and school. The taking of medication must be overseen by a member of staff who logs the date and time on the back of the consent form.

If children refuse to take medication, staff do not force them to do so. Inform the parents as a matter of urgency.

Staff do not dispose of medicines. Parents collect any left over.

There is insurance for staff in Gloucestershire maintained schools to deal with any claims in respect of incorrect administration of medicine.

### ASTHMA

1. Children with asthma are encouraged to take a full part in all school activities.
2. Asthma causes the narrowing of the airways in the lungs, making it difficult to breathe. Symptoms include attacks of breathlessness and coughing and a tightness in the chest, which can exacerbate the difficulty in breathing.
3. Individuals with asthma are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.
4. Most children are able to lead a normal life by managing their asthma and being aware of situations which could lead to an asthma attack. However, staff must be fully informed and able to cope with this potentially fatal disease.

5. Teachers must:-

Know which pupils have asthma in all classes they teach.

Be aware of the situations that can lead to an asthma attack.

Know what to do if this happens in one of their lessons.(See GCC guidelines at the end of this section).

6. Below are examples of curriculum areas and specific activities which could trigger asthma attacks.

7. PE

Exercise is a common trigger for an asthma attack, but this is not a reason for children not to participate in P.E.

Be particularly aware of pupils with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic pupils are commonly allergic to grass pollen, so this should be considered, especially during the summer months.

Swimming is a good form of exercise for asthmatic pupils, who are unlikely to suffer an attack unless the water is very cold or heavily chlorinated.

Teachers should beware of competitive situations when pupils with asthma may over-exert themselves.

9. Other subjects

Be particularly aware of asthma sufferers during activities producing dust and fumes. e.g. glue, paint, varnish.

Take particular care in the production of irritant gases and when burning materials.

During field trips, grass and other pollen can present difficulties for asthmatic pupils.

10. Preventor Inhalers

These are brown, orange, cream, maroon or green. They are used regularly early morning and evening and are of no use during an asthma attack. There is therefore no need for these inhalers to be in school.

11. Reliever Inhalers

These are blue. In the event of an asthma attack, these inhalers work quickly and are effective for about 4 hours. However, if a child needs to use their inhaler more often, let them but inform parents.

KS1 - reliever inhaler kept in classroom, readily available at break times.

KS2 - reliever inhaler kept on or near the child.

These reliever inhalers should be used whenever the child is suffering from asthma symptoms.

They can also be used prior to exercise and must be available during exercise if needed.

Inhalers should not be stored where there is excessive heat or cold.

Reliever (blue) inhalers must always be taken with the child on all off site activities e.g. educational visits, swimming.

It is parents' responsibility to check the date on the medication and wash spacers when necessary. School should ensure all devices are taken home before the summer holidays and replaced in September.

If high doses of the reliever inhaler are taken, the worst that will happen is that the child will feel very shaky but this will soon wear off.

Please refer to Emergency Asthma Inhaler Policy

REFERENCE LOCAL AUTHORITY HEALTHCARE DOCUMENT AND INCLUDE SALIENT POINTS.

### **3.11 Allergy and Anaphylaxis**

1. Severe allergic reactions (anaphylaxis) are a medical emergency although they are rarely fatal. Staff need to be able to manage anaphylaxis.

Reference local healthcare document

2. In Gloucestershire the Local Authority insures staff to give medication via an EpiPen and anti-histamines such as Piriton, provided they have guidelines and appropriate training. The school nurse is responsible for training staff and for annual updates. The staff training record is stored securely in the school office.
3. An individual care plan should be drawn up for each child and parents give signed consent for the plan and administration of medication in school.
4. A regularly updated list of children at risk should be kept and brought to the attention of all staff.
5. Medication such as piriton and Epi-Pen is held in a named box in the office. The child's photo is also displayed on the box. When a child attends an after school club, the box should be taken from the office and given to the member of staff responsible for the child during the club. The box must be returned to the office first thing in the morning or after the club.

#### **6. Accidents and Emergencies**

In cases of severe injury the policy of the school is to call an ambulance to the school and for a member of staff to accompany the child to hospital.

If circumstances do not justify admission to hospital, but professional medical attention or assessment is considered necessary, a Doctor may be called to the school. In some cases the school may be advised to take the child to hospital. The nearest A and E department is at Cheltenham Hospital. Parents will be contacted and notified of any injury requiring medical attention.

### 3.12 Headlice and School

#### Notes and Guidance

A diagnosis of head lice cannot be made with certainty unless a living, moving lice is found.

Misdiagnosis is commonly due to:-

Psychogenic itch on hearing there are "headlice in school".

Other conditions such as eczema, seborrhoea, dandruff or hair muffs.

Extinct infections but nits still being found or itching persists.

True reinfection is usually from close contact in the family or community rather than from school contact. Many cases of "reinfection" are due to:-

Imaginary lice (see note 2 above)

Inadequate or inappropriate treatment.

Misdiagnosis e.g. nits still present after successful eradication of living lice.

Finding newly hatched lice after the first but before the second application of lotion.

Headlice are only transmitted by direct, prolonged head-to-head contact. This is rare within a classroom except perhaps occasionally between best friends.

Never exclude children who have headlice.

Refer concerned parents to the school nurse, health visitor or their G.P.

### 3.13 Physical Education

All gym equipment is checked and maintained annually by Sportfix. Teachers must be familiar with "Safety" and "Clothing" sections of the Physical Education Policy before teaching. Poolside safety guidance must be made known to everyone before swimming lessons begin. Duty of care lies with @Leisure staff.

### 3.14 Bicycles

Parents have to judge whether or not their child is safe to cycle on the road.

School arranges Cycling Proficiency courses for Year 6 children.

Bicycles in the school rack should be made secure by the child or parent.

### 3.15 Stress

Where workplace stress arises, the Leadership Team will deal with the issue constructively and in a sensitive manner. Options include referral to Occupational Health for counselling. **The School also subscribes to Care First and posters are displayed in the staffroom**

### 3.16 Lone working

Staff should avoid being alone in school if at all possible and only if their activity is safe (very low risk). If you have to work alone, it is good practice to arrange for someone to expect your return or a phone call at a particular time. Please see [Lone Working Policy](#).

### 3.17 Ladders and Access

High step ladders have been removed from site. Staff and PTA officers may use our fixed, drop down ladder if they have received training from the Head or Deputy.

### 3.18 Contractors

Contractors on site are responsible for any Health and Safety issues arising from their work. School staff undertake to ensure that children co-operate with measures taken by contractors eg not go into cordoned off areas.

### 3.19 Smoking

England became smoke free on 1<sup>st</sup> July 2007. Second hand smoke is a serious health hazard. Adults who are seen smoking set a poor example to children. The building and grounds of Woodmancote School are smoke free. Also, staff and parents must not smoke in their vehicles when transporting our children on school business.

#### Conclusion

Staff may no knowingly act in a way which may cause themselves or the County Council to be in breach of the law or damage the reputation of the Council. Staff should take account of the potential hazards and risks in everything they do.

The headteacher will ensure that all staff are aware of Health and Safety Statements, the contents and implications. These details will be communicated through staff meetings or the weekly Staff Briefings.

Date: November 2011

Signed..... (Chair of Premises)

Review: Feb 2012

April 1995

July 1996 - no changes to section 1 and 2

Updated May 2002

Updated October 2005

Updated May 2007

Updated September 09

Updated February 2010

Updated November 2011

Updated September 2014

Updated March 2015 with some changes

# Appendix A

## Request for school to administer medication

(To be retained in the class register and 1<sup>st</sup> Aid File)

The school will not give your child medicine unless you complete and sign this form.

### DETAILS OF PUPIL

Full name \_\_\_\_\_

Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### MEDICATION

Name/Type of Medication (as described on the container) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

### Full Directions for Use:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

### CONTACT DETAILS DURING THE TIME MEDICATION IS NEEDED

Name: \_\_\_\_\_

Daytime Telephone No . \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake. I will collect any medication left over.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Member of staff who has volunteered to administer medication:

Name \_\_\_\_\_ Signature \_\_\_\_\_



# Appendix B

## Monitoring Medical Conditions

(To be retained in the class register and 1<sup>st</sup> Aid File)

The school will not give your child medicine unless you complete and sign this form.

### DETAILS OF PUPIL

Full name \_\_\_\_\_

Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### MEDICAL Condition

Details \_\_\_\_\_

\_\_\_\_\_

**Medication?** YES/NO (If yes, please complete below)

### Full Directions for Use:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

### CONTACT DETAILS DURING THE TIME MEDICATION IS NEEDED

Name: \_\_\_\_\_

Daytime Telephone No . \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake. I will collect any medication left over.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Member of staff who has volunteered to administer medication:

Name \_\_\_\_\_ Signature \_\_\_\_\_