

2024 - 2026

ADMINISTERING MEDICATIONS POLICY



ADMINISTERING MEDICATIONS POLICY FOR ABBEY COMMUNITY COLLEGE

OTHER RELEVANT POLICIES:

- Inclusion Policy
- Pastoral Care
- Online Safety
- Drugs Education
- Confidentiality Safeguarding/Child Protection policy
- Positive Behaviour Policy

SUMMARY:

This policy has been developed to ensure that medicines are administered safely and responsibly within Abbey Community College.

ADDITIONAL NOTES:

Updated in August 2024 to embed further guidance within Circular 2024/15 - Concussion



updated 'if in doubt sit them out'
UK Concussion Guidelines for
Non-Elite (Grassroots) Sport -
updated November 2024



HISTORY:

Policy updated - August 2024 due to concussion circular

By: Mrs C McNaghten

Discussed at Board of Governors:
9/12/2024

Circulated to staff:

To be reviewed: August 2026

1. This policy has been developed to ensure that medicines are administered safely and responsibly within Abbey Community College. In order to ensure each student receives the best levels of medical care, there are a number of forms operational within Abbey Community College. These are:

1.1. **Student Care Plan** – transferred by the School Nursing Team

1.2. **AM1 Action Plan for a student with medical needs**

This form should be completed for any student with a medical diagnosis which the college needs to be aware of, for example, asthma, diabetes, allergies etc. Where this form is applicable, parents may be required to make an appointment to meet with the child's Head of Year to clarify information.

1.3. **AM2 Request to administer long term prescribed or emergency medication.**

Responsibility of the parent to complete and send to the school front office as and when required.

1.4. **AM3 Request for student to carry his medication**

1.5. **AM4 Record of Emergency Medicine Administered to an individual**

1.6. **AM5 Record of Routine Medicine Administered to children**

1.7 Heads of Year, Class Tutors and Classroom Assistants can oversee the administration of basic medication such as tablets if a parent/guardian has completed the necessary information and provided the tablets to the member of staff. They are not able to store/carry this medication for a young person. They will not give emergency non-prescribed medicines e.g. headache tablets.

1.8 The best option for students who are sick is to be cared for by their parents at home, if necessary under the supervision of a GP. First aid should not be seen as an alternative to home care or consulting a doctor. If first aid is given in school parents are urged to seek a GP or medical appointment to ensure that their child has been thoroughly examined/cared for.

1.9 If in the First Aider's/ Class Tutor/Responsible Adult Member of Staff's opinion the child is not fit to be in school, they will endeavour to contact the parents and request that they collect their child. If necessary, a member of staff will make appropriate arrangements for them to be transferred to hospital in the event of emergency first aid to be provided.

1.10 The college can store and administer a student's own prescribed medication where it is not possible for this to be done at home. A consent form must be signed by the Parent/Guardian and given to the Senior Leader responsible for first aid (Mrs McNaghten) or medication may not be distributed by staff at the college. Please see form AM2 as appended to this policy.

1.11 A consent form must be completed for all students who are required to carry their own medicine, such as an inhaler etc. Please see AM3 as appended to this policy.

2. Communication with parents

2.1 Students are encouraged to discuss visits to the medical room with their parents. The college will not routinely contact parents when a student attends the medical room due to the minor nature of most visits.

2.2 If the college has any immediate concerns, then parents will be contacted by telephone through the contact number provided on SIMs. If the parent is not available the second contact on SIMs will be contacted. In some cases this may be a grandparent, aunt or another family member. They will be asked to ensure that the parent/guardian is informed.

2.3 In the case of a minor head injury, bone, muscle or joint injury, a First Aider or a member of staff with responsibility off site will complete a form and send it home. Examples of the forms used are included as appendices to this policy.(See form AM6) The school accident book should also be completed at this time.

3. Storage and Management of Medicines in the Medical Room

3.1 All drugs will be stored in a locked cupboard or drawer in the Office/Learning Support Centre. Spare keys are kept in the college office, and with a first aider. On these occasions, medicine, where necessary will be administered by a designated first-aider.

3.2 If the Senior Leader responsible for first aid, Mrs McNaghten, has any concerns about the security of the medicines she will report them to the Principal in the first instance.

3.3 Please note for all medication held by the college whether provided by Parents/Guardians:

- Medicines will be stored in its original containers.
- All medicines should be labelled and the label must be clear and obvious.
- The medicines will be checked at the end of the year and will be disposed of if expired.
- Parents will be contacted to remove all expired medication. If this is not done within 14 days it will be taken to a local pharmacy to be disposed of.
- It is a parents responsibility to ensure medication is in date and replaced when necessary. Parents are encouraged to bring any necessary medication to their child's parent/teacher meeting in August of each academic year.

4. Record Keeping

4.1 The college takes the pastoral care of the students very seriously and endeavours to promote their well-being. For this reason, we need information which may affect a student at school to be accurate and kept updated. The responsibility to provide this information lies with the Parent/Guardian.

4.2 For all medication routinely administered by the College each student will have a record kept, both electronically and in the students file. For all medicine administered this entry will include the time, date, name of medicine, dose. (AM5)

4.3 All teaching staff and trained First Aiders have access to these records, however in exceptional circumstances when, for medical or emergency purposes, the Senior Leadership Team may access them or make them available to appropriate staff.

4.4 Information regarding the student's medical history, allergies, medication they usually take or any specific needs is requested from parents in writing on the data collection form completed upon entry to the College, any changes to this throughout the school year, should be sent into the school in writing.

5. Management of Long Term and/or Emergency Medicine

5.1 If a child is on regular medication which needs to be administered during the school day then Parents/Guardians may request that a supply is kept by the college for that purpose. If this is the case the child's Head of Year will arrange to meet with the parent at the earliest opportunity and will arrange for completion of form AM1 or Care Plan, and if necessary AM2 and AM3. Copies of these forms have been appended to this policy.

5.2 The college can provide this service for students who:

- Require medication at regular intervals through the day during school hours; or
- Need to keep a small supply of their medication in case they forget to take it at home and omission would have an impact on their health; or ability to learn.
- Require prescribed medication from time to time for instance for migraine relief or for allergic reactions.

5.3 The college should be in receipt of a current consent form for the administration of a student's own medication (Form AM2 appended). If medication is stored for emergency situations e.g. anaphylaxis, an Action Plan should also be completed (AM1). If a student needs to carry their own medication a form AM3 should be completed. A Care Plan should also be included with the child's medication. This is reviewed by the nursing team.

5.4 Emergency medication, with the appropriate guidance, is stored securely in the main office area. The administration of such medication is recorded on a AM4 form. Staff receive training on the use of emergency medication. Photographic details of these students are circulated to all members of staff each year with their date of birth, reason for medication, if a care plan is located in the front office and who updates this care plan.

5.5 This consent should be renewed annually by the Parent/Guardian at the beginning of each new academic year if the treatment is to continue. This should be communicated to the college in writing and marked for the attention of the child's Head of Year.

5.6 The medication should be provided to the college by the Parents/Guardian in the following way or it may not be administered by the relevant member of staff:

- It must be in its original container

- It must have a printed pharmacy label stating student's name, drug name, dose and frequency
- The instructions on the pharmacy label must match the instructions given by the parent or guardian on the consent/information sheet.
- All medicine must be within its expiry date. It is the Parent/Guardians responsibility to note expiry dates on medication and replace it as necessary (where there is no expiry date the medication should have been dispensed within the last 6 months)
- Length of treatment/stop date where appropriate
- Any other instructions

5.7 **NB:** If the label "to be taken as directed" does not provide sufficient information. Precise information should be provided by the parent.

5.8 Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe. If the medication and/or dosage needs to be changed or discontinued the college must be informed in writing by the parent/carer.

5.9 Students own medicines will be returned home via the students at the end of the summer term. Parents will be notified.

5.10 Parents (not students) will be requested to collect prescribed drugs.

5.11 Any medication which is not collected by the last day of term will be disposed of at a pharmacy.

5.12 Parents must return medication at the start of the new academic year and each year must be accompanied by a new consent form. Additional consent forms will be available on the college website.

5.13 If medicine is not returned the college will assume that the student no longer requires the medication to be administered or stored in college and dispose of it.

5.14 In the case of soon to be expired medicines the school will endeavour to inform the parent/guardian prior to the expiry date to allow time to arrange a replacement. However, this responsibility lies with the parent/guardian and not the school.

5.15 Expired medicine will be disposed of at a local pharmacy and unless requested by parents/guardians will not be returned to the student.

5.16 Medication which has been provided by parents/guardians will not be administered on a regular basis if it is incorrectly presented to the college, although a verbal check can be made with a parent/guardians if it is important to the child's health and well-being that he receives the drug on the day it is presented.

5.17 No medication can be administered in college unless a completed AM2 form has been provided.

6. Changes in the student's medication during the college year

6.1 From time to time a student's medication may be changed by their doctor. It is the responsibility of parents/guardians to inform the college in writing if there are any changes in their child's medical condition or medication.

6.2 If the medication is changed then a new supply will need to be issued or the parents may take the original supply to the pharmacy for re-labelling with the new dosage.

6.3 It will not be acceptable to take instruction from the parents/guardians to increase or decrease the dose of the drug without a prescription, a doctor's written instruction or a new pharmacy label. Students will be given the dosage which is stated on the label of the medication.

6.4 A new pharmacy label is the best practice. The consent form (AM2) should also be renewed.

7. Asthma

7.1 Parents of students who have asthma are advised to complete the asthma card (AM7) and submit a copy of this to the schools office at the start of each academic year.

Students are able to carry their own inhalers.

Information regarding students who have asthma is not circulated to all staff. If a student has asthma it is the responsibility of the parent to ensure that key staff, such as the child's P.E. teacher is aware. They may do so by adding a note in the child's planner that they should show their teacher.

8. Extra-Curricular Activities/Trips

8.1 Where a student with a medical need is on a college trip it will be necessary for the child, where appropriate, to provide the teacher in charge with their medication. It is the responsibility of the parent/guardian to ensure that the member of staff taking the student on a trip is aware of their medical conditions by completing the relevant medical/consent forms.

8.2 In the case of a sporting fixture, it would be necessary for your child to give the teacher in charge their medication, for example: inhaler, epipen etc. **before** the student leaves school and before the match commences, thereby ensuring that if medication is needed during the match, it is easily accessible.

8.3 A copy of the medical needs of all students is readily available to staff via the SIMs medical register.

9. Treatment of Concussion/Head Injuries

9.1 In line with best practice and training offered by IRFU, the College adheres to a clear policy for identifying head injuries and concussion, and controlling the student's return to his studies and playing sport. It should be noted that head injuries may also happen within the school building and not in relation to sport, the same procedures apply.

The school also operates within the UK Governments 'If in doubt, sit them out' document

All P.E. staff within the school have been provided with this document and are aware of their responsibilities in relation to concussion especially within a sporting situation.

- Protocol M1(A) is appended to this policy and to all members of PE staff annually, and is displayed prominently in the PE office and Medical Room.
- Protocol M1(B) is given to a Parent/Guardian when concussion is suspected.
- Protocol M1(C) is given to a Parent/Guardian when a head injury has occurred, but the signs and symptoms of concussion have not yet been identified.

General Data Protection Regulation (GDPR) effective 25/05/18:

The college is registered with the Information Commissioner to hold personal data and has a duty to protect this data and to keep it up to date. Further detail is available in the privacy notice (how we use student information) which is available on our website.

ROLES AND RESPONSIBILITIES FOR A SUSPECTED CONCUSSION

The 'If In Doubt, Sit Them Out' guidelines also outline the different roles and responsibilities that teachers, coaches, volunteers and parents have following a suspected concussion.

Teachers, coaches, volunteers

- Safely remove the individual from the field of play and ensure that they do not return to play in that game even if they say that their symptoms have resolved.
- Observe the player or assign a responsible adult to monitor the individual once the player is removed.
- If player is under 18 years old, contact parent/guardian to inform them of the possible concussion.
- Arrange for the player to get home safely.
- Advise that a responsible adult should supervise the player over the next 24- 48 hours.
- Ensure any relevant injury report form is completed and stored by the school/club/organisation.
- Follow a graduated return (as outlined within the 'If In Doubt, Sit Them Out' guidelines, pages 17-19) to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.
- Advise parents/carers of their role and responsibilities in relation to any concussion incident including advising the school and other relevant organisations about any concussion-related injuries sustained and any activity restrictions recommended by a medical professional. A sample letter is attached at Annex C, which schools may wish to issue.

Parents/carers

- Obtain full details of the incident.
- Do not leave your child alone for the first 24 hours.
- Have your child assessed by an 'appropriate Healthcare Professional' (see paragraph 12 below) within 24 hours.

- Monitor your child for worsening signs and symptoms of concussion for at least 24-48 hours.
- Encourage initial rest/sleep as needed and limit smartphone/computer and screen use for the first 24-48 hours.
- Inform school/work/other sports clubs of the suspected concussion.
- Support your child to follow a graduated return (as outlined within the 'If In Doubt, Sit Them Out' guidelines, pages 17-19) to activity (education/work) and sport programme.

Anyone with one or more visible clues or symptoms of a head injury, must be immediately removed from playing or training and must not take part in any further physical sport or work activity, even if symptoms resolve, until assessed by an appropriate Healthcare Professional, which should be sought within 24 hours.

If there are concerns about other significant injury or presence of 'red flags' (as stated on page 8 of the 'If In Doubt, Sit them Out' Guidelines) then the pupil should receive urgent medical assessment onsite or in a hospital Accident and Emergency (A&E) Department using emergency ambulance transfer if necessary.

M1(A) CONCUSSION PROTOCOL (STAFF)

1. Assess the student using the Symptoms & Signs listed overleaf.
2. If you suspect a concussion or have any doubt remove the student from the field, playground, immediately. The student must not be left alone; they must not drive a motor vehicle; they must always be in the care of a responsible adult, who is informed of the player's suspected concussion.
NB: If another adult is not available to supervise, that activity must be abandoned at once.
3. Call an ambulance if any of the following **red flags** are present. Travel to hospital with the student if required and preferably with another adult.
 - Neck pain
 - Deteriorating conscious state
 - Increasing confusion or irritability
 - Severe or increasing headache
 - Repeated vomiting
 - Unusual behaviour change
 - Seizure or convulsion
 - Double vision
 - Weakness or tingling
 - burning in arms or legs
4. Contact parent/guardian and arrange a safe handover.
5. Give parent/guardian the concussion procedure letter and a concussion information leaflet which includes a QR code to the NHS website for further information (Appendix One)
6. Complete Accident Report Form.
7. Inform Mr Kyle (Head of Physical Education) at the earliest opportunity. Mr Kyle will monitor the return to play protocol and inform staff when a student may return to play.

Symptoms and Signs of Concussion:

Loss of consciousness, Seizure or convulsion
Nausea or vomiting
Player is more emotional
Sadness
More nervous/anxious
Headache
Feeling slowed down
Blurred vision
Amnesia
Confusion

Balance problems
Drowsiness
Irritability
Fatigue or low energy
Don't feel right
Dizziness
"Pressure in head"
Sensitivity to light
Feeling like "in a fog"

M1(B) CONCUSSION PROCEDURE (PARENT)

Student's Name:

Class:

Date:

Staff:

Following an incident in college, your child has sustained a suspected concussion. He/She has been assessed and has displayed the following highlighted symptom/s:

Loss of consciousness	Don't feel right
Seizure or convulsion	Headache
Balance problems	Dizziness
Nausea or vomiting	Feeling slowed down
Drowsiness	"Pressure in head"
Player is more emotional	Blurred vision
Irritability	Sensitivity to light
Sadness	Amnesia
Fatigue or low energy	Feeling like "in a fog"
More nervous/anxious	Confusion

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are typically rapid and spontaneous. A person can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion can be caused by a direct blow to the head or body and from whiplash type movements of the head and neck that can occur when a boy collides with another boy or the ground.

Immediately following a suspected concussion, in the event of another impact, the brain is susceptible to further significant damage. This can take the form of a second more serious concussion or even the very rare condition, Second Impact Syndrome. Second Impact Syndrome may occur minutes, hours, days or even weeks after the initial concussion. This second injury may be relatively minor but it can lead to collapse or death.

Following a suspected concussion, it is our recommendation that your child be checked by a medical professional to assess the severity of the injury. Close parental supervision is vital in the first 24 hours following the injury and during the Graduated Return to Play period. If your child develops any of the following red flags during this period, you should seek urgent medical assistance.

- **Neck pain;**
- **Deteriorating conscious state;**
- **Increasing confusion or irritability**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Unusual behaviour change**
- **Seizure or convulsion**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs.**

Until symptoms have ceased, your child should not be allowed to drive, use tablets/phones/computers, or indeed attend school. Should you feel that your child requires additional support with returning to the demands of school, please contact Mrs McNaghten.

Graduated Return to Play

In line with college policy, we will apply the compulsory Graduated Return to Play (G RTP) protocol. This involves the following;

- NO physical activity of any kind for 14 days (including PE)
- After the initial 24–48 hours of relative rest, gradually increase light physical activity.
- When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.
- Best practice **recommends** an assessment by a medical professional to confirm recovery (or otherwise) from the injury and to check there's no reason not to return to contact sport. Should you wish to follow this best practice, your son/daughter will need to see a doctor 20 days from the concussion. It is advisable to book this appointment as soon as possible. The school nurse does not act as a replacement to a doctor.
- Returning to competition should not be reached before day 2, the day of the concussion is Day 0 , (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom-free during pre-competition training.

In the instance of this being a second or subsequent concussion, or the symptoms having lasted for more than 10 days, then medical clearance will be a compulsory requirement before permission is given to resume sporting activity.

Attached is the graduated return to play programme as recommended by the IRFU, which we have adopted as standard practice in College. Please note that rehabilitation stage 2 should not be started if there are any symptoms of concussion, regardless if 14 days have passed. If these symptoms reoccur during any stage of the G RTP then the player must stop and speak with their doctor.

It is not feasible for college staff to conduct rehabilitation stages 2 - 4, **these should be done by the player at home while being supervised by parent.**

To progress to Level 5 of the G RTP the college will require written confirmation from a parent/guardian that your son is fit to resume sporting activity. A copy of the letter is included with this protocol.

As well as parental supervision to ensure G RTP protocols are followed, Mrs McNaghten will assist in this process. Please ensure that your child speaks with Mrs McNaghten on the day of their return to school. Should you have any queries, please contact the Mrs McNaghten.

Attached is the G RTP proforma, which will need to be signed and counter-signed by a Parent/Guardian and nurse at each stage of recovery before your child can return to sporting activities. We would appreciate your co-operation with ensuring the protocol is followed to ensure the welfare of your child.

A Parent/Guardian is also expected to complete the attached Parental Return to Play Permission Letter.

Further information on the topic of concussion can be found on the NI Direct website at <https://www.nidirect.gov.uk/articles/recognising-concussion>.

The Irish Rugby Football Union have produced some very good information about concussion and how to deal with it. This is appropriate for all and can be found at http://www.irishrugby.ie/playingthegame/concussion_videos.php.

Thank you for your cooperation.

Mrs McNaghten
Senior Leader

ANNEX B - GRADUATED RETURN TO SPORT PROGRAMME

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Physical Activity (e.g. week 1)	<ul style="list-style-type: none"> • After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms. 	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
Stage 3	Light aerobic exercise (e.g. weeks 1 or 2)	<ul style="list-style-type: none"> • Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months,
		<p>exercise intensity until able to tolerate it without more than mild symptom exacerbation.</p> <ul style="list-style-type: none"> • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training. 	exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
Stage 4	Non-contact training (e.g. during week 2)	<ul style="list-style-type: none"> • Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training. 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.

Stage 5	Unrestricted training activities (not before week 3)	<ul style="list-style-type: none"> When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury. 	<p>Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days.</p> <p>Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.</p>
Stage 6	Return to competition	<p>This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom-free during pre-competition training.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	<p>Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.</p>
			<p>Disabled people will need specific tailored advice which is outside the remit of this guidance.</p>

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

**Abbey Community College
GRTP Protocol**

Student's Name:

Class:

Date:

Staff:

Date	Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage	Duration	Parent Initials	Staff initials
	1. No activity, for a minimum 14 days following the injury	Complete physical and cognitive rest without symptoms	Recovery	14 Days		
	2. Light aerobic exercise during 24-hour period	Walking, <u>swimming</u> or stationery cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate	2 Days		
	3. Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement	2 Days		
	4. non-contact training drills during 24-hour period	Progression to more complex training drills, <u>e.g.</u> passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load	2 Days		
	5. Full Contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff	2 Days		
	6. After 24 hours return to play	Player rehabilitated	Recovered	Total :23 Days		

Abbey Community College

G RTP Protocol

Parental Return to Play Permission Letter

Student's Name:

Class:

Date:

Dear Sir/Madam

My child had a suspected concussion on _____.

In line with the College policy, I have monitored his/her condition closely over the 24 hours following the injury and during the Graduated Return to Play period of 23 days.

I confirm that during this period, the Graduated Return to Play protocol has been followed. None of the symptoms outlined has developed during this period.

I have / have not (delete as appropriate) sought medical advice about my child's condition.

I confirm that I am happy for my child to resume sporting activity following this 23 day period.

Yours faithfully

Parent/Guardian:

M1(C) HEAD INJURY (PARENT)

Student's Name:

Date:

Class:

Staff:

In an incident in college, your child has received a knock to his/her head. This may result in a concussion.

Most blows to the head do not lead to serious complications. However, complications are not always immediately obvious so observation for at least 24 hours is vital. If your child develops any of the following red flags during this period, you should seek urgent medical assistance.

Neck pain	Deteriorating conscious state
Increasing confusion or irritability	Severe or increasing headache
Repeated vomiting	Unusual behaviour change
Seizure or convulsion	Double vision
Weakness or tingling	Burning in arms or legs

Should any of these symptoms develop then it is likely that a concussion has occurred and the college advise that medical advice should be obtained.

If a concussion does develop it is important to note that until symptoms have ceased, your son should not be allowed to drive, use tablets/phones/computers, or indeed attend school. Should you feel that your child requires additional support with returning to the demands of school, please contact your child's Head of Year.

Should your child develop any complications, **Mrs McNaghten must be informed** and she will assist in managing the 23 day Graduated Return to Play protocol. If the head injury occurred during a sport event or in P.E. lessons, the Head of Department for P.E. Mr Kyle will managed the 23 day Graduated Return to Play protocol.

If no complications develop, your child may return to physical activity following the 24 hour supervision period, however, it would be preferred that your child remain monitored for a longer period of time and return to physical exercise 14 days after a perceived concussion.

If you have any queries or concerns, please contact Mrs McNaghten or Mr Kyle for sporting queries.

Symptoms and Signs of Concussion:

Loss of consciousness, Seizure or convulsion	Balance problems
Nausea or vomiting	Drowsiness
Player is more emotional	Irritability
Sadness	Fatigue or low energy
More nervous/anxious	Don't feel right
Headache	Dizziness
Feeling slowed down	"Pressure in head"
Blurred vision	Sensitivity to light
Amnesia	Feeling like "in a fog"
Confusion	



**ACTION PLAN FOR A STUDENT WITH MEDICAL NEEDS
(To be completed by Parent/Guardian)**

Surname	
Forename	
Date of Birth	
Condition/Medical Diagnosis	

CONTACT INFORMATION

Family Contact 1

Name: _____

Phone Number: Home/Mobile: _____

Work: _____

Relationship: _____

Family Contact 2

Name: _____

Phone Number: Home/Mobile: _____

Work: _____

Relationship: _____

GP

Name: _____

Phone Number: _____

Clinic/Hospital Contact

Name: _____

Phone Number: _____



Describe condition and give details of student’s individual symptoms:

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

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of _____.

Signed: _____ Parent/Guardian

Date: _____

ABBAY COMMUNITY COLLEGE
REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION



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

STUDENT DETAILS

Surname: _____ Forename: _____

Address: _____

Postcode: _____

D.o.B: ___/___/_____ Male/Female: _____

Class: _____

Condition/Illness: _____

MEDICATION

Parents/Guardians must ensure that in-date properly labelled medication is supplied.

Name/Type of medication (as described on the container)

Date dispensed: _____

Expiry date: _____

Full directions for use dosage and method: _____

NB Dosage can only be changed on a doctor's instructions

Timing: _____

Special precautions: _____

Are there any side effects that the school needs to know about?

Self-Administration: Yes/No (delete as appropriate)

PROCEDURE TO TAKE IN AN EMERGENCY



CONTACT DETAILS

Name: _____

Mobile: _____

Other: _____

Relationship to Pupil: _____

Address: _____

Postcode: _____

I understand that I must deliver the medicine personally to Abbey Community College and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature Parent/Guardian: _____ Date: _____

AGREEMENT OF PRINCIPAL

I agree that _____ will receive (quantity and name of medicine) _____ every day at (times) _____ medicine to be administered e.g. Break or Lunch time.

This arrangement will continue until otherwise stated by parent/guardian.

Signature: _____ Date: _____

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parent/guardian to confirm the school's agreement to administer medication to the named pupil.

AM3

ABBAY COMMUNITY COLLEGE
REQUEST FOR A PUPIL TO CARRY HIS/HER MEDICATION

STUDENT DETAILS

Surname: _____ Forename: _____

Address: _____

Postcode: _____

D.o.B: ___/___/_____ Male/Female: _____

Class: _____

Condition/Illness: _____

MEDICATION

Parents/Guardians must ensure that in-date properly labelled medication is supplied.

Name/Type of medication (as described on the container)

Date dispensed: _____

Expiry date: _____

Full directions for use dosage and method: _____

NB Dosage can only be changed on a doctor's instructions

Timing: _____

Special precautions: _____

Are there any side effects that the school needs to know about?



PROCEDURE TO TAKE IN AN EMERGENCY

CONTACT DETAILS

Name: _____

Mobile: _____

Other: _____

Relationship to Pupil: _____

Address: _____

Postcode: _____

I would like my child to keep his/her medication on him/her for use as necessary or as directed overleaf.

Signature Parent/Guardian: _____ Date: _____

AGREEMENT OF PRINCIPAL

I agree that _____ will be allowed to carry and self-administer his/her medication whilst in school.

This arrangement will continue until otherwise stated by parent/guardian.

Signature: _____ Date: _____

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the parent/guardian to confirm the school's agreement to administer medication to the named pupil.



RECORD OF EMERGENCY MEDICINE
ADMINISTERED TO AN INDIVIDUAL

Surname	
Forename	
Date of Birth	
Condition	
Date Medicine Provided by Parent	
Name and strength of medicine	
Quantity received	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Any reactions			
Staff Member			
Signature			
Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Any reactions			
Staff Member			
Signature			
Date	__/__/__	__/__/__	__/__/__
Time given			
Dose given			
Any reactions			
Staff Member			
Signature			



BONE, MUSCLE AND JOINT INJURY ADVICE FORM

Name _____ Date _____

Your child received an injury today to _____

On examination the area showed signs of _____

These symptoms can be an indication of a sprain but also possible fracture, it is therefore recommended if the symptoms persist you get a further medical check.

Signed: _____ Staff Member



School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



**BRIDGE ROAD,
NEWTOWNABBHEY,
BT37 0EA
T. (028) 9086 7431
F. (028) 9085 4945**

BELIEVE ACHIEVE SUCCEED