



Wimborne Junior School

Supporting Pupils at School with Medical Conditions and First Aid Policy

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors. First aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery. The policy also details the actions the school should take in support of pupils with medical conditions.

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. Other pupils may have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy addresses the responsibilities, the procedures in place to meet that responsibility and it provides information related to first aid as well as to assure compliance with the law in relation to supporting pupils with medical conditions.

RELATIONSHIP TO OTHER POLICIES

This policy should be read in conjunction with the school's policy on health and safety, the PCC Corporate Accident Reporting Policy and the local authority policy relating to visits.

AIMS

- To identify the first aid needs of the school
- To ensure that first aid provision is available at all times for the health and safety of employees and of all those on the school premises
- To ensure that children with medical needs receive proper care and support in school
- To provide guidance to staff on the parameters within which they should support pupils with medical needs
- To define the responsibilities of all parties involved; pupils, parents, staff and Headteacher.
- To ensure that children with medical needs are able to access and enjoy the same opportunities at school as any other child.

OBJECTIVES FOR FIRST AID

In accordance with legislation and good practice the school will ensure that:

- the appropriate number of suitably trained people are appointed as first aid persons to meet the needs of the school;
- adequate training and guidance is available for first aiders; a record of such training is maintained and monitored;

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- a risk assessment is carried out to ascertain the needs of the school and the level of provision required;
- the necessary equipment, appropriate resources and facilities are available;
- all staff are made aware of first aid arrangements;
- a written record is kept of all significant accidents both on and off the premises;
- learning from accidents and treatment is shared among first aiders;

OBJECTIVES FOR SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

In accordance with legislation and good practice the school will ensure that:

- arrangements are in place to support pupils with medical conditions, which may affect quality of life and/or may be life-threatening
- there is an understanding of how each child's medical conditions impact on the child's ability to learn
- staff are trained to provide the support required by each child with a medical need and support the child in gaining confidence in self-management of their needs.

FIRST AID PROVISION

First Aiders

The Headteacher in conjunction with Senior Leadership Team ensures that first aid provision is available at all times while people are on the school premises for school activities, and also off the premises whilst on school visits. All first aiders must complete a training course approved by the Health and Safety Executive (HSE). Teachers and Teaching Assistants will attend appointed person's training. Hirers are responsible for making their own arrangements for first aid.

The designated first aid room is the Medical Room (situated opposite the office) and the sick bay (located in the reception area) for treatment, sickness and the administration of first aid. All staff will ensure that they have read this policy.

All staff will be trained annually on the use of Epipens.

First aid kits are available in the first aid area, the gym, staff room and dining room.

It is the responsibility of the Administrative Assistant to check the contents every month and re-stock as necessary. All staff are responsible for notifying the Administrative Officer if the contents of any of the first-aid boxes are running low.

Qualified staff

All staff in the school deal with minor incidents requiring first aid. The qualified first aiders and appointed persons at Wimborne are listed in the reception area.

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MEDICAL CONDITIONS

Protocols / individual healthcare plans

When the school is notified that a pupil has a medical condition, it will be discussed with the parent and School Nurse whether a protocol/individual healthcare plan will be developed and agreed. A flowchart outlining the procedure is included in the Appendix. The plans are reviewed annually or earlier if there is evidence that the child's needs have changed. Parents of pupils joining the school complete a starter booklet which collects data about the child's health needs in a format provided by the school nurse service.

The School Nurse will also be asked to identify any training needs for the school staff and to assist in arranging the delivery of appropriate training. The Headteacher is responsible for ensuring that appropriate training takes place and sufficient staff are trained to provide cover in case of staff absence and that appropriate whole school training takes place.

Supply teachers are provided with a pack outlining details of children with medical needs.

Allergies/Long-term Illness

A Medical Register is kept in the office. This records any child's allergy to any form of medication, food products or insect stings (if notified by the parent); any long-term illness, for example asthma; and details on any child whose health might give cause for concern. Teaching staff are given a copy of the register.

PROCEDURES

Risk assessments are carried out on all school areas or school activities. Reviews are carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Caretaker.

Providing information

The Headteacher ensures that staff are informed about the school's first-aid arrangements via the school handbook.

Immediate Emergency Action for a sick or injured pupil

- Assess the nature and seriousness of the situation in terms of the child's safety.
- Contact the first aider for advice and assistance.
- Write down some short details for the medical room.
- Ensure that parents/guardian are contacted and informed.
- Notes on the incident to be written and kept on file.
- In serious situations, the Headteacher must be informed straight away.

Asthma inhalers and epipens

Asthma inhalers are kept in year group trays beneath the work top in the first aid area. Epipens are kept in an unlocked cupboard on the work top in the first aid area. It is the parent's responsibility to ensure that these are in date.

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Emergency salbutamol inhalers

The school holds an emergency salbutamol inhaler and spacer for use if a pupil's prescribed inhaler is not available (for example, because it is broken or empty). The emergency inhaler may only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given. The parental consent is recorded on the asthma register. The emergency inhaler and spacer are kept in the overhead cupboard in the first aid area.

The Administrative Assistant is responsible for maintaining the emergency inhaler kit and ensuring that

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use (spacers are not reused)
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use.

Parents will be informed in writing if their child has used the emergency inhaler. Use of the emergency inhaler will be recorded including where and when the asthma attack took place, how much medication was given and by whom.

Hygiene/Infection Control

- Hands must be washed before and after giving first aid.
- Single-use disposable gloves must be worn when treatment involves blood or other body fluids.
- Any soiled dressings etc must be put in a yellow clinical waste bag and disposed of in the grey clinical waste box.
- Any body fluids on the floor should have absorbent granules sprinkled on to them, then swept up with the designated dustpan and brush. This should also go in a yellow bag and be disposed of in the grey clinical waste box. If possible area should be bleached (dilute 1:10).
- Body fluid spillages on hard surfaces should be cleaned up then bleached (1:10).
- Exposed cuts and abrasions should always be covered.
- Sink in the first aid area to be cleaned after use.

Reporting School Accidents

Refer to PCC Corporate Accident Reporting Policy for detailed guidance.

Employee Accidents

This applies to all education employees and self-employed persons on school premises.

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All employees or temporary staff must inform their manager at the earliest opportunity of any work related accident. Staff should record details in the accident book, kept in the office.

Certain work-related accidents are reportable to the LA Health and Safety Unit and to the HSE. All accidents, dangerous occurrences and occupational diseases must also be notified to the admin staff in the office who will refer to the PCC Corporate Accident Reporting Policy. Where the incident is reportable, reports will be made to the LA and HSE as appropriate.

Any accident to an employee resulting in a fatal or major injury should be reported to the HSE immediately by telephone and followed up with a RIDDOR report form.

Pupil and Non-Employee Accidents

Fatal and major (where they are taken from the accident scene to hospital for treatment) injuries to pupils or non-employees on school premises should be reported in the same way as those to employees. Examinations and diagnostic tests do not constitute treatment.

However, injuries during play activities in playgrounds arising from collisions, slips and falls need not be reported unless they are attributable to:

- the condition of the premises (for example, potholes, ice, damaged or worn steps, etc.)
- plant or equipment on the school premises
- the lack of proper supervision

Fatal and major injuries to school pupils occurring on sponsored or controlled activities, organised by the school but off the school site (such as field trips, sporting events or holidays in the UK), should be reported if the accident arose out of, or in connection with, these activities.

Other accidents

These are the more common accidents that occur in school.

Procedures to follow:

- minor injuries (including all bumps on the head, but not minor cuts and grazes) are reported to parents by sending a letter home with the child - a copy is kept in the office
- if a child has a significant bump on the head, a parent/guardian should be contacted and a letter sent home - letters can be obtained from the office
- where the qualified first aider considers that the injury is major and may require further treatment, they will attempt to contact the parent/guardian immediately by phone. If the parent is not contactable, the Headteacher will be informed and will decide whether to call an ambulance or arrange for a member of staff to accompany the child to hospital. The injury should be recorded in the Accident Book kept in the office.
- if the parent/guardian has to take the child to the family doctor or to hospital for further treatment, fill in the accident form (name/number of form), copies of which are kept in Reception. The Headteacher or the Deputy Headteacher should sign the form first.

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- in the case of a major injury, the qualified first aider and office staff will report to the LA and HSE as appropriate.

Treatments:

When dealing with blood and other bodily fluids, plastic gloves should be worn.

Any child with a known condition (e.g. haemophilia) will have a protocol set up with the school, nurse and parents) which is kept in the office, staff room and with the class teacher.

For all other injuries or incidents staff should follow procedures set out in up to date books available in the school office or internet resources as approved by the Headteacher

Safety/HIV Protection

Disposable gloves and a plastic apron should always be worn when treating any accidents/incidents that involve body fluids. Make sure any waste (wipes, pads, paper towels, etc.) is placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened ready to take home. (See separate Guidance for Bodily Spillages)

First Aid Area and Medical Room

In compliance with The Education (School Premises) Regulations 1996 the Governing Body ensures that a room is made available for medical treatment. This facility contains the following and is readily available for use:

- sink with running hot and cold water;
- drinking water and disposable cups;
- paper towels;
- smooth-topped working surfaces;
- a range of first aid equipment (at least to the standard required in first aid boxes) and proper storage;
- chair;
- soap and anti-bacterial handwash;
- suitable refuse container (foot operated) lined with a clinical waste bag;
- an appropriate record-keeping facility;
- means of communication, e.g. telephone;
- a couch or bed (with waterproof cover), clean pillow and blankets (Medical Room)
- a locked cabinet for safe keeping of all medication.

Transport to Hospital or Home

- The first aid officer on duty determines what is a reasonable and sensible action to take in the circumstances of each case. If in doubt of illness or problem, the first aider will contact NHS Direct. Depending on advice from NHS Direct, the first aider will contact parents to arrange for child to go home, call an ambulance or keep the child resting and monitored in the medical room.
- Where the injury is an emergency an ambulance will be called following which the parents will be called.

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- Where hospital treatment is required but it is not an emergency, then the parents will be contacted for them to take over the responsibility of the child.

School Trips and Visits

- The provision of adequate first aid cover forms part of the essential risk assessment involved in organising any off-site activity.
- Where the trip is extended or remote in nature, or the likelihood of injury is higher, a qualified first aider should accompany the group.
- Where journeys are close to populated areas, or the likelihood of injury is minimal, then an appointed person or someone with a working knowledge of first aid procedures should accompany sports or field trips and other school journeys, and a travelling first aid kit and children's inhalers and own medication from their protocol should be provided.
- The planning for such journeys will include what to do in case of accident and emergency.
- For residential trips, parents are sent a residential visit form to be completed and returned shortly before the trip to obtain up-to-date information about the child's condition, information about current medication and dosages and permission for the administration of medication by staff who are accompanying the trip.

Administration of Medication

The Headteacher will accept responsibility in principle for first aiders giving or supervising pupils taking prescribed medication during the school day. Medicine will not be given to a child unless there is specific prior written permission from the parents. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. Where age-appropriate, staff will supervise children to manage their own medicines and procedures after discussion with parents.

Each item of medication must be in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- pupil's name
- name of medication.
- dosage
- method of administration
- frequency of administration.
- date of dispensing
- storage requirements (if important).
- expiry date.

The school will not accept items of medication in unlabelled containers.

Medication will be kept in a locked medicine cabinet or the fridge in the office. Controlled drugs should be stored securely in a non-portable container and only named staff should have access. Pupils are aware where their medication is stored.

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The school will keep records of medicine administered, which they will have available for parents.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal. Sharp boxes must be used for the disposal of needles and other sharps. Sharp boxes will be kept in a locked mounted cabinet.

Paracetamol

As part of the 'think twice - every day counts' initiative children can be given a dose of paracetamol if necessary after every effort has been made to ease their pain. If a child still complains of pain even after having a drink, sitting quietly or lying down for a while we will give a dose of paracetamol if the child has already been in school for over 4 hours. If the child has been in school for fewer than 4 hours, the parent will be contacted to confirm whether the child has been given a dose before attending school. (The dose will be the recommended dose for the child's age). A written record will be kept when the paracetamol is given. School to text parent after administering paracetamol with the time and dose given.

It is a legal requirement that the school has written permission from parents/carers of pupils before paracetamol is given.

Procedures for Dealing with Bodily Spillage

Reminders for staff

- 1 Wear disposable gloves when handling any bodily fluids e.g. blood, sickness, urine.
- 2 Be sure of the place in which disposable gloves are kept in each room. e.g. Filing cabinet.
- 3 On **no account ask or allow** children to touch bodily fluids of other people.
- 4 Cover spillages on the floor with paper towels initially.
- 5 Contaminated materials (paper towels, and/or gloves) to be disposed of in yellow bag and brought to office by member of staff.

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- 6 Report all such incidents to the office.
- 7 Office report spillage to Caretaker- who will cover/deal with all spillages as soon as possible.
- 8 A member of staff use prescribed chemical powders to cover spillage in the absence of Caretaker.
- 9 Parents of pupil concerned informed of procedures.
- 10 Accidents to be recorded in school accident book.
- 11 All pupils frequently reminded of procedures.
- 12 Refer to further guidelines in School Health and Safety Policy.

Unacceptable practice

It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Complaints

If parents are dissatisfied with any aspect of the support provided they should discuss their concerns with the Headteacher. If this does not resolve the issue, the school's complaints procedure should be followed.

Policy review

This policy will be reviewed on an annual basis to comply with any changes in current regulations.

References:

- The Health and Safety (First-Aid) Regulations 1981

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- www.hse.gov.uk/firstaid
- Guidance on First Aid for Schools – DfE publication
- Supporting pupils at school with medical conditions – DfE Sept 2014
- Guidance on the use of emergency salbutamol inhalers in schools – Dept of Health Mar 2015

Agreed Date: Summer 2018

Review Date: Summer 2019

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RESPONDING TO ASTHMA SYMPTOMS AND AN ASTHMA ATTACK

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them

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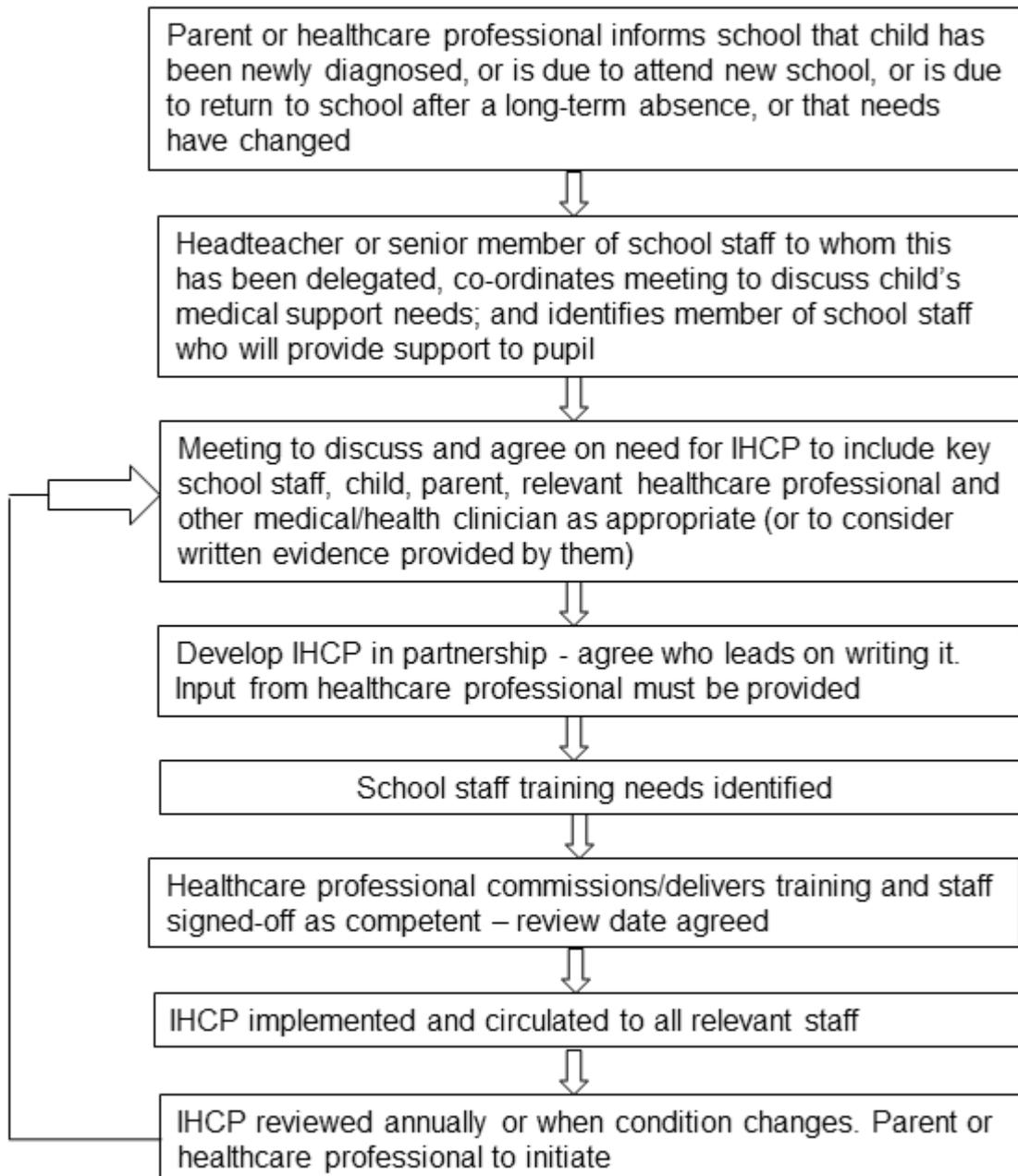
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- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

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Process for developing individual healthcare plans



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Administration of Paracetamol

As part of the think twice - every day counts initiative and after consultation with the School Nurse, staff and governors a policy has been produced regarding the giving of paracetamol in school. This policy has been endorsed by; Steven West (Chief Pharmacist, Solent NHS Trust), Helen Albon (Specialist Mental Health Pharmacist, Solent NHS Trust) and Karin Downer (Specialist Community Public Health Nurse, Solent NHS Trust.)

This initiative is in place so that children can be given a dose of paracetamol if necessary after every effort has been made to ease their pain. If a child still complains of pain even after having a drink, sitting quietly or lying down for a while we will give a dose of paracetamol. (The dose will be the recommended dose for the child's age). A written record will be kept when the paracetamol is given.

It is a legal requirement that the school has written permission from parents/carers of pupils before paracetamol is given. Therefore please complete the section below, which asks you to indicate your consent to the school giving paracetamol liquid suspension in the event of headache, etc. If your child has not been in school for over 4 hours, the school will contact you by phone before any paracetamol is given and a text will be sent to confirm the dose and time administered. This is for you to confirm if your child has taken any medicines before attending school. Please ensure that the office always has up to date contact details for you: remember to inform the office of any changes. The Paracetamol Protocol can be viewed on the school website.

Please note paracetamol will not be issued without written consent.

Administration of Paracetamol

I, _____ (print name) give/do not give permission for paracetamol liquid suspension to be given to my child (named below) in the event of headache, toothache etc, throughout their time at Wimborne Junior School.

Child's name _____

Signed _____ Parent Date _____



WIMBORNE JUNIOR SCHOOL



CONFIDENTIAL

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICINES

PUPIL'S NAME _____

CLASS _____

Date of Birth _____

Address _____

PARENT DETAILS

Name _____ Relationship to child _____

Telephone Number (home) _____ Work _____

Doctor _____ Surgery Telephone Number _____

I understand and accept that the school is not obliged to assist pupils with the administration of medication. However, staff will administer prescription medication only, when written detailed instructions are supplied.

Please tick the appropriate box

My child will be responsible for the self administration of medicines as directed below.

I agree to members of staff administering medicines / providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Signed _____ Date _____

Pupils who have prescribed inhalers have access to their inhalers at all times.

Name of medicine	Dosage	Frequency / time to be administered	Completion date of course if appropriate	Expiry date of medicines if appropriate
Allergies				
Other prescribed medicines child takes at home				

Wimborne Junior School

Wimborne Road

Southsea

PO4 8DE



Telephone: 023 9273 3784

Fax: 023 9287 3744

E-mail: admin1@wimborne-jun.portsmouth.sch.uk

Headteacher: Mrs C Jacobs B.Ed (Hons) NPQH

Deputy Headteacher: Mrs L Rowlands B.Ed (Hons) NPQH

Dear Parent

EMERGENCY SALBUTAMOL INHALER

The school has obtained an emergency salbutamol inhaler which can be used in the event of an asthma attack if a child's prescribed inhaler is not available (for example because it is broken or empty).

The emergency inhaler may only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler:
- OR who have been prescribed a reliever inhaler

AND for whom written parental consent for use of the emergency inhaler has been given.

If you would want the emergency inhaler to be available for use by your child, please would you complete and return the attached consent form.

Please note that the school will hold an inhaler for emergency use only; your child should continue to have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. The school's emergency inhaler is not intended to be a substitute for the child's own inhaler to relieve symptoms and parents should continue as currently to check that their child's inhaler is in date, not broken and has not run out.

You would be informed if your child used the emergency inhaler.

Yours sincerely

Mrs C Jacobs
Headteacher



Healthy Schools

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Telephone: 023 9273 3784

Fax: 023 9287 3744

E-mail: admin1@wimborne-jun.portsmouth.sch.uk

Headteacher: Mrs C Jacobs B.Ed (Hons) NPQH

Deputy Headteacher: Mrs L Rowlands B.Ed (Hons) NPQH

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which is held in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Date:

Name (print).....

Child's name:.....

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

..... E-mail

.....





Record of prescribed medicines given to child on school

	Date	Time	Child's Name	Medicine given	Dose	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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15						
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18						
19						
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Wimborne Junior School

Wimborne Road
Southsea
PO4 8DE

Telephone: 023 9273 3784

Fax: 023 9287 3744

E-mail: admin1@wimborne-jun.portsmouth.sch.uk



Headteacher: Mrs C Jacobs B.Ed (Hons) NPQH
Deputy Headteacher: Ms L Rowlands B.Ed (Hons) NPQH

Dear Parent

I would like to inform you, that today at school your child has sustained a bump to the head and received some medical attention.

CHILD _____ CLASS _____

DATE:

TIME:

What happened:

Attention given:

Phoned (major)/text (minor) parent at:

By whom:

Should your child experience any vomiting, dizziness, confusion, drowsiness or loss of memory, please consult your family doctor / walk in centre.

Yours sincerely

First Aider



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Wimborne Junior School

Wimborne Road
Southsea
PO4 8DE

Telephone: 023 9273 3784

Fax: 023 9287 3744

E-mail: admin1@wimborne-jun.portsmouth.sch.uk



Headteacher: Mrs C Jacobs B.Ed (Hons) NPQH
Deputy Headteacher: Ms L Rowlands B.Ed (Hons) NPQH

Dear Parent

I would like to inform you that today at school, your child has received some medical attention.

CHILD _____ CLASS _____

DATE:

TIME:

What happened:

Attention given:

By whom:

Yours sincerely

First Aider



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