

BLEAN PRIMARY SCHOOL



Supporting Children with Medical Conditions Policy

Policy Review date: Spring 2025

Headteacher: Mr I Rowden

Chairs of Governors: Mr H Samuelson

Date of Next Review: Spring 2027

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1. Rationale and Aims

The staff and governors of Blean Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

This policy aims to ensure that:

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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing cover teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and Statutory Duties

The policy is drawn up in consultation with a range of local key stake holders within the school and health care setting and is written in line with the requirements of:

- DFE Statutory Guidance 'Supporting Pupils at school with Medical Conditions' (Dec 2015)
- Section 100 of the Children and Families Act 2014
- The Equality Act 2010
- The SEN Code of Practice DfE 2015 where children with medical conditions also have Special Educational Needs
- Mental Health and behaviour in schools: departmental advice for school staff DfE Nov 2018
- School Admissions Code DfE 2021.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

3. Roles and Responsibilities

The governing body is legally responsible and accountable for ensuring that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that children can access and enjoy the same opportunities at school as any other child. Governing bodies should consider that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need. Governing bodies must ensure that arrangements are in place to meet statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. Where Individual Healthcare Plans are required, the governing body will ensure there are procedures in place for annual review and that these plans are developed with the child's best interests in mind, ensuring the school assesses and manages risks to the child's education and health and social wellbeing.

The Headteacher is responsible for:

- Ensuring the school's policy is developed and effectively implemented with partners and that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Making sure that school staff are appropriately insured and are aware that they are insured to support pupils with medical conditions
- Ensuring that procedures are in place so that all staff who need to know are aware of a child's medical condition and that sufficient trained numbers of staff are available to implement the policy.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensuring that there are adequate members of staff trained to ensure pupils can be supported in the event of staff absence or turnover.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Take overall responsibility for the development of IHPs

School Staff.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional responsibilities, they should take into account the needs of pupils with medical conditions that they teach. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. School staff managing the administration of medicines and those who administer medicines will receive training where appropriate. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

School Nurses. The school can access support, training and advice by referring to the School Nursing Team, when a referral is made a School Nurse will be allocated to support the child, family and school. A communication agreement sets out ways in which the school nursing service can support the school. This includes advice and support in developing and implementing Individual Healthcare Plans in liaison with parents as appropriate and delivery of epilepsy and anaphylaxis awareness sessions as identified by school.

Other healthcare professionals, including GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. Healthcare professionals may provide advice and support in schools for children with particular conditions.

Parents/Carers must provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, parents may be the first to notify the school that their child has a medical condition. Parents are key partners and the school will involve parents in the development and review of

their child's Individual Healthcare Plan. Parents are responsible for carrying out any action they have agreed to as part of its implementation e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. It is the parent/carer's responsibility to make sure that their child is well enough to attend school.

In the event of a child having sickness or diarrhoea they must stay at home for 48 hours to prevent the risk of infection within school.

Pupils will be fully involved (in an age appropriate way) in discussions about their medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan.

Local Authorities – are commissioners of school nurses for maintained schools and have a duty to promote cooperation between relevant partners with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

Clinical Commissioning Groups – at times other health professionals such as specialist nurses are commissioned to support children. They should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

Ofsted- Ofsted inspectors must consider how well a school meets the needs of a full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those with special education needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Procedures to be followed when notification is received that a pupil has a medical condition

The school may be notified about a pupil's medical condition by a parent or a health professional. On receiving notification, the Pupil Parent Mentor and/or Inclusion Lead will make an appointment to meet with parents to discuss their child's medical needs and how these will impact on school life. The child's class teacher may also be involved in this meeting.

Where appropriate, when a medical condition is long term or complex, an Individual Healthcare Plan will be drawn up in consultation with parents. If appropriate, a health professional will also be involved in drawing up this plan. We will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

When a parent notifies the school about a medical condition which does not require a Health Care Plan (e.g the child may need an inhaler for asthma from time to time when they suffer from a cold) the parent will be required to complete the form B 'Parental Agreement for school to administer medicine'. (Information about the medical needs of pupils is held electronically and there is a printed list in the medical room.) The medication will be administered by the member of staff responsible for First Aid during the lunch break or where appropriate the children will self-administer under the supervision of an adult. A record will be completed when medicine is administered- Form C 'Record of Medicine administered to all children'

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The Pupil Parent Mentor and/ or Inclusion Lead have day to day responsibility for this process.

Where a pupil has a long term and/or more complex medical condition the Pupil Parent Mentor and/or Inclusion Lead will work with parents and health care professionals, where appropriate, to develop an Individual Healthcare Plan. If appropriate, the pupil may also be involved. A flow chart is used to support the process of drawing up an Individual Healthcare Plan (see appendices). Plans are reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Where a child has a special educational need identified in a statement or EHC Plan, the Individual Healthcare plan will be linked to that statement or EHC plan. From April 2015, as any health care plans are reviewed, we will include in the individual plan if a child has SEN but does not have a statement or EHC plan.

All medical information will be treated confidentially.

All Individual Healthcare plans are reviewed on an annual basis during term 6 and information is updated/amended in readiness for the new school year or transition. If a child's needs change at any point in the year, it is the responsibility of the parent to inform the school. The Individual Healthcare Plan will be amended in partnership with parents to accurately reflect the child's current needs.

Sharing of Information with school

We will ensure that information about a child's medical condition is documented and shared using robust procedures in school. This is to ensure all staff are aware of pupils with medical conditions.

When a child has an IHP or Asthma Plan created, it will be stored both electronically on our secure school platform (SharePoint) and paper copies are kept in the school Medial Room. Each Class has an overview of pupils with medical conditions which is visually displayed on the class first aid box. This indicates using first names children with adrenaline pens (colour coded red), pupils with dietary requirements and asthma. This allows all staff to quickly ensure they are aware of pupils who have serious conditions which may require a fast response to administer medication. Within SharePoint there is a list of all pupils who have an IHP and this is available to all staff.

The school will liaise with and share medical information with the Extended School Manager as appropriate and with the consent of parents. It is the parent's responsibility to inform the Extended School Manager of medical information relating to their child.

Transitional Arrangements:

When a child moves classes at the end of each year, we hold teacher to teacher transition meetings. Where appropriate additional transition meetings are set up to involve parents and pupils if appropriate. Key information is recorded for the next teacher via the Class Communication Book which includes the Class Inclusion Profile and Individual Healthcare Plans.

When a child moves to secondary school (or to a new school at any point), the Inclusion Lead will liaise with the key person at the next school. This may include the setting up of a transition meeting in which parents are also involved. Written information and Individual Healthcare Plans are forwarded.

For a child with a medical condition starting school, the Inclusion Lead and Class teacher will meet with parents and health professionals where appropriate, to draw up an Individual Healthcare Plan prior to the child starting school so that arrangements are in place at the start of term.

7. Managing medicines on the school premises

No child will be given prescription or non-prescription medicines without their parent's written consent.

Prescribed medicines should only be brought to school when essential: that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

The school will only administer 'prescribed' medication in line with the instructions on the bottle/box.

However, parents and carers are allowed into school to administer medication if they so desire.

Exceptions to this are pupils with Individual Healthcare Plans who have individual medical needs requiring medication to treat specific conditions.

The school will only accept medicines that are in-date and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration, dosage and storage. (The

exception to this is insulin which must still be in date, but will be generally available in an insulin pen or pump rather than its original container.)

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drug Regulations 2001 and subsequent amendments, such as morphine or methadone.

It may be necessary for children to be prescribed with controlled drugs as part of treatment for a medical condition. All controlled drugs will be stored in a non- portable container which is locked. With parent's permission, school staff may administer a controlled drug to the child for whom it has been prescribed. When administering this medication, the prescriber's instructions will be followed and this will be recorded stating: what and how much was administered, the time and member of staff responsible- this is witnessed by a second member of staff. Any side effects at school should be noted in school and shared with parents.

Non-prescribed Medicines

Non-prescribed medicines will only be administered during the school day in exceptional circumstances and with prior written consent. Staff will check the medicine has previously been administered without adverse effect.

Staff will never administer medicines containing aspirin unless prescribed by a doctor.

Staff will complete a record when medicine is administered – Form C Record of Medicine administered to all children. Following administering this medicine the school office will contact the parents confirming the time and dosage.

Storage of medicines

All prescribed medication will be held in a locked cabinet in the school medical room. Some prescribed medication will need to be refrigerated.

Emergency medications

Adrenaline Pens

When a child is prescribed an adrenaline pen by a Specialist Allergy Consultant an allergy care plan is created, it is parent's duty to share this with the school. When an Individual Healthcare Plan is created, the allergy care plan will form the basis of this. They will be stored together to ensure all relevant information is accessible to staff. If an allergy care plan has not been created, school will refer parents to the GP or request support from the School Nurse Team.

This details:

- where any medication such as antihistamines or adrenaline pens are to be kept
- signs to look for when having a reaction
- who to contact
- arrangements for school trips

This will be signed by the school and parent and then shared with all immediate staff. Parents will be asked to provide at least 2 adrenaline pens as this ensures we have a second dose to administer as well as an additional pen should the first fail. Ideally if 4 pens can be supplied 2 pens will also be located in the hall (this is located in the wall closest to the hall chairs behind the curtain). School first aid procedures are that in the event of an anaphylactic reaction the emergency services will be called immediately and adrenaline will be administered immediately followed by a second dose after 5 minutes if needed. All staff have been trained in how to administer adrenaline pens. Where possible both pens will be stored together with the child's Allergy Care Plan and this will be taken to key locations of the school such as the hall for lunch, outside for PE and Forest School. If this is not possible, there will be clear instructions as to where the child's adrenaline pens are located. School have purchased insulated red grab bags which will be used for storage of all adrenaline pens.

Asthma Inhalers

When children are diagnosed with conditions such as Asthma, we will ask parents to provide 2 pumps. One will be stored in the classroom medical cabinet and the second in a clearly marked box in the medical room. Where only one pump is available, it will be stored in the child's classroom.

Blood Glucose Monitoring

Blood glucose testing meters will be readily available in a clearly labelled container in the class teacher's first aid cabinet. A duplicate emergency medication box for each child is also kept in the medical room.

Children should know where their own medication is stored. No emergency medications will be locked away with the exception of insulin which must be kept refrigerated.

Disposal of Medicines

Staff will not dispose of medicines. When no longer required, medicines will be returned to the parent/carer for safe disposal. They should also collect medicines at the end of each school year. Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

Expired Medication

As part of our safeguarding process, medication held in school will be checked to ensure it is not expired. Expiry dates are recorded in school and checked termly by the Pupil Parent Mentor- this is reviewed by the Inclusion Manager. When medications are due to expire, school will inform parents to allow them to gain replacements in good time. Expired medication **will not** be administered to children by school staff.

Unacceptable Practice

Although staff at Blean Primary School will use their discretion and judge each case on its merit with reference to a child's Individual Healthcare Plan, it is not 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 parent/carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent 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 breaks whenever they need to in order to manage their medical condition effectively.
- Require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips e.g. by requiring parents to accompany the child.

8. Emergency Procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities. All staff are aware of procedures when dealing with a medical emergency. Medical emergencies should be supervised by a trained First Aider.

The procedures for contacting emergency services are displayed in the medical room.

Where a child has an Individual Healthcare Plan, this clearly defines what constitutes an emergency and sets out what to do. All relevant staff are aware of pupils with an Individual Healthcare Plan and understand the need to follow agreed emergency support procedures identified on the plan.

In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany their child to hospital by

ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

9. Staff training and support

Staff training in conjunction with health professionals is provided to support the administration of medications such as Epi Pens or insulin. The school will liaise with healthcare professionals e.g. Physiotherapists, Specialist Nurses where specific advice and training is needed to support a child's needs. Awareness training can be accessed from the School Nursing service where needed. Record form D will be used to record staff training for administration of medicines/medical procedures.

Blean Primary School has named appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years. A list of First Aiders is displayed in the Medical room. The school recognises that a first –aid certificate does not constitute appropriate training in supporting children with specific medical conditions.

10. Record Keeping

A written record is completed when medicine is administered (Form C). This is signed by two members of staff.

If a child has bumped their head, a medical slip is completed which is sent to parents. If a child is unwell or has had an injury or accident of a more severe nature or in a sensitive area, the school will always contact parents.

Day visits, residential visits and sporting activities

Blean Primary actively encourages children with medical needs to participate in trips, visits and sporting activities. Staff will aim to work with parents to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose. Advice will be sought from health professionals where appropriate.

Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current health and medication. Prescribed medication will be administered, providing parents have completed a supplementary medical form. Parents are invited to provide written consent to enable staff to act "in loco parentis".

Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

A more comprehensive First Aid kit is available to take on residential trips.

Other Issues for Consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's Individual Healthcare Plan with the local authority.

11. Liability and Indemnity

The school is covered by the Kent County Council policy which is underwritten by Zurich Municipal. Specific details of this policy are held by the Business Manager. This policy is renewed annually.

12. Complaints

Should parents/carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not solve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the School's Complaints Policy.

13. Monitoring arrangements

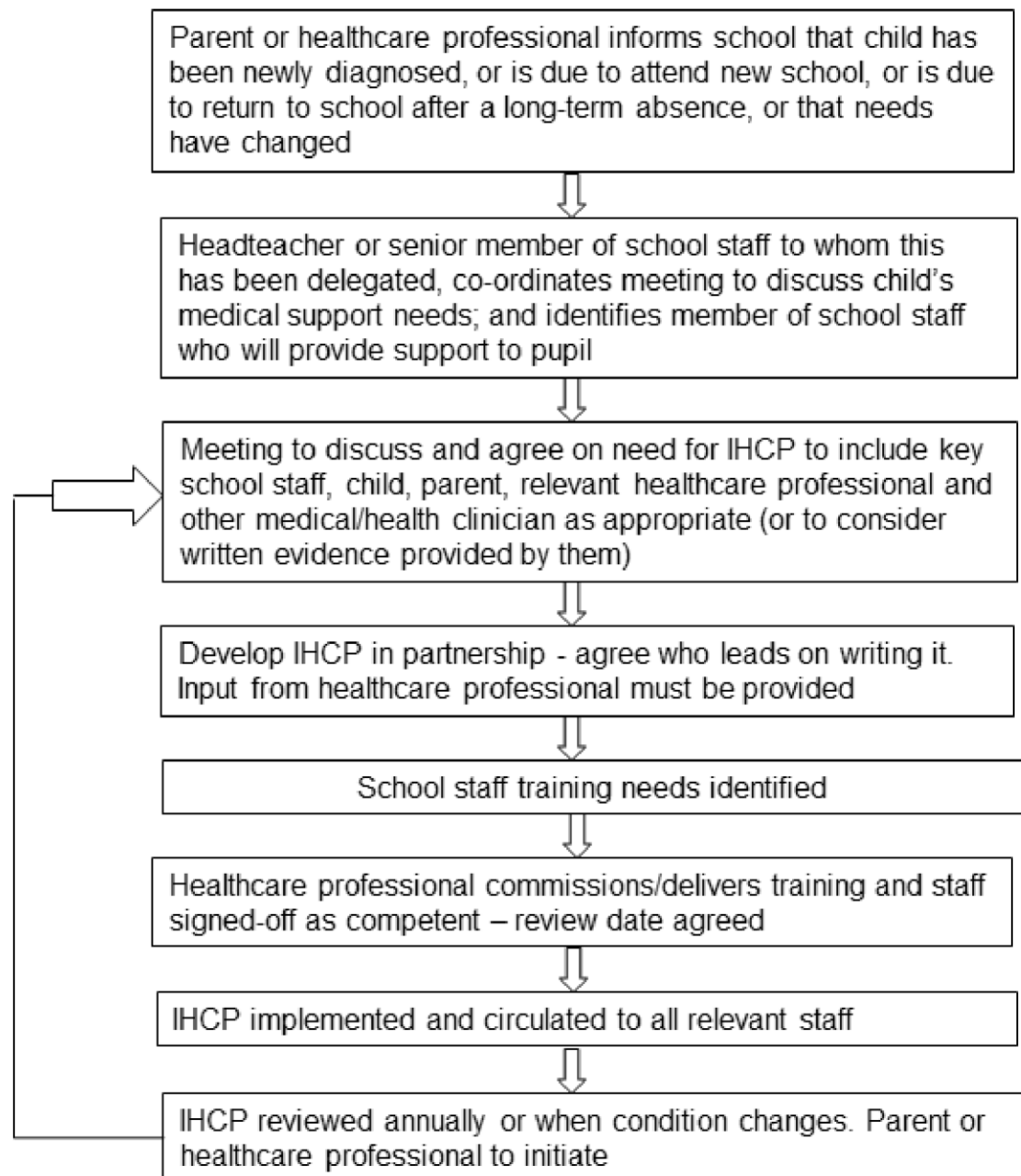
This policy will be reviewed and approved by the governing board every two years. If there are changes to the DfE guidance or school procedures following training or risk assessments the policy will be updated to include these.

14. Links to other policies

This policy links to the following policies:

- Links to other policies
- This policy links to the following policies:
 - Accessibility plan
 - Complaints
 - Equality information and objectives
 - First aid
 - Health and safety
 - Safeguarding
 - Special educational needs information report and policy

□ **Annex A: Process for developing Individual Healthcare Plans**



Form A- Individual Healthcare Plan



BLEAN PRIMARY SCHOOL: INDIVIDUAL HEALTHCARE PLAN

Child's Name

Class/Year Group/Class Teacher

Date of Birth

Child's Address

Medical diagnosis or condition

Date Health Care Plan completed

Review Date

Family Contact Information

Name/Relationship

Phone no. Home

Mobile

Work

Name/Relationship

Phone no. Home

Mobile

Work

Clinic/Hospital

Contact name

Phone no.

G.P. Name

Phone no.

Who is responsible for providing support in school

Class Teacher/Teaching Assistant/Medical room staff.



BLEAN PRIMARY SCHOOL: INDIVIDUAL HEALTHCARE PLAN

Describe medical need and give details of child's symptoms, triggers, signs and treatment.

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self administered, with or without supervision & storage

--

Daily care requirements (eg facilities, equipment, testing, access to food/drink where this is used to manage a condition/dietary requirements/environmental issues eg. crowded corridors.)

--

Specific support for the pupil's educational, social and emotional need (eg how will absences be managed/ Requirements for extra time in exams, use of rest periods and/or additional support in catching up with lessons, counselling sessions.

N/A

Arrangements for school visits/residentials etc

--

Other information eg has the pupil got Special Educational Needs?

--

Describe what constitute an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (state if different for off-site activities)

Class Teacher/Teaching Assistant First Aiders.
--



BLEAN PRIMARY SCHOOL: INDIVIDUAL HEALTHCARE PLAN

Plan developed with

Parent/Pupil Mentor

Staff training needed /undertaken—who, what, when

--

Signed (School) Date

Signed (Parent) Date

Form copied to

Medical Room File

Healthcare File (main staffroom)

Class File

Parent/Pupil File

Extended School (if child attends) ASC

BC

Highlight if applicable

Form B: parental agreement for setting to administer medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the

pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

Form C: record of medicine administered to all children

Name of school/setting:

Date	Child's name	Time	Name of Medicine	Dose given	Name of staff	Any reactions	Signature	Print name

Form D: staff training record – administration of medicines and/or medical procedures

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____