

**Normanhurst School**

Diabetic

School Agreement Protocol

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| Pupil’s Full Name |  |

It is thought that the child named above may suffer from a Hypo or Hyper if their sugars go below or above the normal range due to being type 1 diabetic.

If this occurs he/she is likely to need medical attention and, in an extreme situation, maybe life threatening. However, medical advice is that attention to his/her diet, in particular the exclusion of the above named food, together with the availability of his/her emergency medication, are all that is necessary. In all other respects, it is recommended by his/her consultant that his/her education should carry on ‘as normal’.

The arrangements set out below are intended to assist the school in achieving the least possible disruption to the pupil’s education, but also to make the appropriate provision for his/her medical requirements.

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| **DETAILS** |
| A. | The Headmistress has arranged for the teachers and other staff in the School to be briefed about your son/daughter’s condition and about other arrangements contained in this document. |
| B. | The School’s staff will take all reasonable steps to ensure that your son/daughter does not eat any food items that will cause a reaction. |
| C. | His/her parents will remind him/her regularly of the need to refuse any food items which might be offered to him/her by other pupils. |
| D. | If there are any proposals which mean that your son/daughter may leave the school site, prior discussions will be held between the School and parents in order to appropriate provision and safe handling of his/her medication. |
| E. | Whenever the planned curriculum involves cookery or experiments with food items, prior discussions will be held between the School and parents to agree measures and suitable alternatives. |
| F. | Your son/daughter’s medication will be kept easily and to hand in the School Office. The parents accept the responsibility for maintaining appropriate up-to-date medication. |

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| **ALLERGIC REACTIONS** |
| In the event of your son/daughter showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to the Headmistress, who will decide whether there is cause for concern and will instruct a member of staff to contact, in direct order of priority:**999 – EMERGENCY SERVICE – AMBULANCE****Message to be given Diabetic REACTION****Parents or Carer in the following order:** |
| **NAME** | **RELATIONSHIP** | **TELEPHONE NUMBER** |
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| **ADMINISTRATION OF MEDICATION** |
| A. | Whilst awaiting medical assistance a member of staff, trained for the purpose, will administer the appropriate medication in line with perceived symptoms and following the instructions given during training. |
| B. | Your son/daughter will be given the required. |
| C. | The administration of this medication is considered safe for your son/daughter and even if it is given through misdiagnosis, it will not do harm to him/her. |
| D. | On the arrival of the qualified medical staff, the member of staff will appraise them of the medication given to your son/daughter. All medication will be given to the medical staff. |
| E. | After the incident, a debriefing session will take place with all members of staff involved. |

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| **TRANSFER OF MEDICAL SKILLS** |
| A. | A training session was held at Normanhurst School by a Diabetic nurse, which explained in detail symptoms of type 1 diabetics and the stages and procedures for the administration of medication. |
| B. | The Proprietors hold a Public Liability Insurance to cover accidental loss, damage or injury for any staff who agree to administer medication to a child in school, given the full agreement of parents and the School. |

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| **AGREEMENT AND CONCLUSION** |
| A copy of these notes will be held by the School and the parents. Any necessary revisions will be subject of further discussions between the School and the parents.On a termly basis, any changes in routine will be noted and circulated. |

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| **AGREED AND SIGNED** |
| **Headmistress** |  | **Date** |  |
| **Parent/Guardian** |  | **Date** |  |