

# Managing the Medical Conditions of Pupils Policy



**Wistaston Academy**  
Primary and Nursery School  
Together We Learn • Together We Achieve

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<b>Responsible Governor's Committee</b>	Business, Finance and HR
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## Definition

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

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support

## School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs and disability, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Wistaston Academy is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, peers).

## Policy Aims

This policy aims to describe the effective management systems and measures in place at Wistaston Academy to support individual children with medical conditions. Whilst it is recognised that children who are acutely unwell should be kept at home, we also recognize that positive responses by school to a child's medical needs not only benefits the child directly by

improving their attendance and access to the curriculum, but can also positively influence the attitude of their peers.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995.

The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities. Wistaston Academy does not discriminate against disabled pupils in relation to their access to education – this includes all aspects of school life including school clubs and activities. We will make reasonable adjustments for disabled children including those with medical needs at different levels of school life.

We aim to:

- - To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- - To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- - To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- - To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- - To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- - To keep, monitor and review appropriate records

### **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition

### **Responsibilities**

The Principal is responsible for the implementation of this policy which has been agreed with the governing body. Staff, parents and children will be made aware of this policy. Outside providers covering for teachers' PPA time will also be issued with a copy of this policy as will

supply staff on extended contracts. Staff, including dinner ladies, will have regular training in epilepsy and asthma from the school nurse.

## **Children with Medical Needs**

Children with medical needs have the same rights of admission to a school or setting as other children. They are entitled to access the curriculum fully wherever possible. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

We must also recognise that that employees may choose whether or not they wish to be involved. Appropriate training is required and clear guidelines must be set. If a member of staff has any concerns they need to bring this to the attention of the Senior Leadership Team.

## **Support for Children with Medical Needs**

Parents have the prime responsibility for their child's health and should provide us with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or pediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Whilst there is no legal duty that requires schools to administer medicines, we have agreed with our administrative support staff that they will do so where medication is by mouth.

Some children with medical conditions have complex health needs that require more support than regular medicine. Wistaston Academy will endeavor to support all children, and further training and personnel issues will be addressed as these complex needs arise.

### **It is expected that:**

- Parents will inform school of any medical condition which affects their child.

- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Wistaston Academy will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements between schools will be completed in such a way that Wistaston Academy will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals

### **Procedure**

The Governing Body of Wistaston Academy ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

### **Information**

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information in key areas where relevant staff can access their information. For example, in the staffroom, in the classroom and in the dinner hall. To comply with GDPR, these records will be stored securely. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's Arbor records and this information will be provided to class teachers.

### **In an emergency**

Staff are aware of emergency procedures. In the event of an accident, a first aider will assess the situation and take the following graduated steps:

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose unless they have adequate insurance. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital. In less severe cases e.g. a cut which might require stitches, parents will be informed and asked to collect their child. If parents cannot be contacted and the time of the accident is not near the end of the school day, staff will take the child to the local hospital. Two members of staff will take the child – one driver and one to tend to the child. Where only one member of staff is available, a taxi may be called so that the member of staff can care for the child.

Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example, if there is an accident in the playground our lunchtime supervisors will be clear of their role.

### **Prescribed Medicines**

Medicines are only accepted by Wistaston Academy when essential: that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. We only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. This will include the child's name, exact dosage and times to be taken. Medicines will be kept in a safe place according to the prescriber's instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. **It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtimes.**

If medicines have to be given in school time, we ask parents to complete a form giving details of the medication and authorising the school to administer medicine. [Med Form 3A Parental Agreement to administer medicine.doc](#) Teachers will be given a copy of this and asked to send the child to the office for medication at the appropriate time.

Office Support staff will complete a written record each time medicines are given and attach this to the medication. [Med Form 5 Record of medicine administered to an individual child.doc](#) This will be copied to parents/carers at the end of the dosage period and a copy retained for school records and scanned to the pupil's file. These forms are obtainable from the Office. (Appendix I) and the hyperlink above. Administrative staff will check that the medication lists the child's name, the prescribed dose, the expiry date and any written instructions on the label or container.

We will ensure that medicines are stored appropriately whilst they are on the school premises and refrigerated where this is required.

Short term medicines will be administered by the Office Staff.

Medication will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label)

### **Non-Prescription Medicines**

At Wistaston Academy, we **never** give a non-prescribed medicine to a child. If a child suffers regularly from frequent or acute pain we encourage parents to refer the matter to the child's GP.

### **Long-term Medical Needs**

At Wistaston Academy we place stress on gaining sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

We need to know about any particular needs before a child is admitted to Wistaston Academy, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will develop a written health care plan for such children, involving the parents and relevant health professionals. (See **Appendix II**)

The administration of long-term prescribed medication or injections will be delegated to a Teaching Assistant or named person in the school.

### **Self-Management**

Because of the age of children at Wistaston Academy, we do not allow children to carry and administer their own medicines.

### **Refusing Medicines**

If a child refuses to take medicines, staff will not force them to do so, but will note this in the records. Any individual health care plan may make particular reference to the procedures to be followed, but in the case of medication given from the Office, we will contact the parent on the day to inform them of the refusal.

### **Educational Visits**

At Wistaston Academy, we encourage children with medical needs to participate in safely managed visits. We will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. This will be a consideration when the school prepares its Risk Assessments and plans for the visit.

Sometimes additional safety measures may need to be taken for outside visits. It may be that additional supervisors or volunteers might be needed to accompany a particular child. We will ensure that all helpers from school and at the visit site are fully informed of any particular medical needs, and relevant emergency procedures. A copy of any health care plan will be taken on visits in the event of the information being needed in an emergency.

Where staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, we will seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Specific health conditions are detailed in this policy.

Staff supervising sporting activities will consider whether risk assessments are necessary for some children, will be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Disposal of Medicines**

Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. We ask parents to collect medicines held at the end of each term. If medicines are not collected, they will be taken to a local pharmacy for safe disposal.

Sharps boxes will always be used for the disposal of needles where they have to be used. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff are referred to the East Cheshire guidelines for 'Controls to Prevent the

Spread of Infection’ on the Cheshire intranet. Staff have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment in suitable receptacles. There are a number of fully trained first aiders in the school who are suitably qualified to deal with minor accidents.

### **Drawing up a Health Care Plan**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is required to administer medicines.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. Staff will be guided by the child’s GP or paediatrician. Staff will agree with parents how often they should jointly review the health care plan. This will normally be once a year, but much depends on the nature of the child’s particular needs; some would need reviewing more frequently.

In addition to input from the health professionals, others may need to contribute to a health care plan:

- Principal
- The parent or carer
- The child (if appropriate)
- Class teacher
- Support staff/first aiders

Our SENDCo (Special Educational Needs Co-ordinator) will co-ordinate and share information on an individual with medical needs and will be the first contact for parents and staff, and liaise with external agencies. Supply staff will also be informed of medical needs. As children move to different classes as the years pass, the SENDCo will ensure that information in individual health care plans is passed on to the new teacher.

When staff agree to assist a child with medical needs, appropriate training in collaboration with local health services may be necessary. Wistaston Academy will ensure that this is put in place and work with outside agencies to achieve this wherever it is practically possible. Training will be documented and records retained in the main office. **(Appendix V)**

### **Confidentiality**

The head and staff will always treat medical information confidentially. Agreement will be reached with parents and carers who else should have access to records and other information about a child. However, if information is withheld from staff they will not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## Common Conditions – Our Approach to Asthma, Epilepsy, Diabetes and Anaphylaxis

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy summarises our approach but further information is available from leading charities listed in **Appendix III**.

### Asthma

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. Children with significant asthmas should have an individual health care plan.

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms of shortness of breath, tight feeling in the chest, coughing and wheezing. They are taken during an asthma attack. They are sometimes taken before exercise. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

**Children with asthma need to have immediate access to their reliever inhalers when they need them.** Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. Staff will support children with asthma to take charge of and use their inhaler from an early age.

Children who are able to use their inhalers themselves are allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but accessible place (normally in the classroom), and clearly marked with the child's name. Inhalers will always be available during physical education, sports activities and educational visits.

When a child has an attack they should be treated according to their individual health care plan or asthma inhaler information sheet (**Appendix IV**). Parents should regularly review their child's asthma with their GP or other relevant healthcare professional. Copies of their child's management plan should be made available to school. This will be stored centrally and shared with staff.

Children with asthma should participate in all aspects of the school day including physical activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial. All staff are aware of the need for warm-up activities before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The school is asthma friendly and we remove as many triggers as possible so that children's asthma is not exacerbated by the environment. Further information is available at Asthma UK [http://www.asthma.org.uk/media/95603/School%20Policy\\_16pp.pdf](http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf)

## **Epilepsy**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Since epilepsy takes so many different forms, Wistaston Academy will work closely with health care professionals and parents to draw up an individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in school, details will be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion
- Any unusual 'feelings' reported by the child prior to the seizure
- Parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

In this way, we hope to give parents more accurate information to the child's specialist.

The individual manifestations of the child's particular epilepsy will be discussed at length with the parents so that staff are aware of triggers, medicines and issues of safety. Staff will need to be made aware of what actions to take in the event of a seizure.

In some circumstances, an ambulance will be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if we are unaware of how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or paediatrician will provide guidance as to when to administer it and why.

Should the child require administration of rectal diazepam (**Appendix V**) training will be given. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intranasally, may be prescribed as an alternative to rectal diazepam. Instructions for use **must** come from the prescribing doctor.

In the event that rectal diazepam needs to be administered training will be given to two adult staff, at least one of the same gender as the child. Both will be present at administration to ease the practical considerations and to minimize the potential for accusations of abuse. Children will be given privacy when intimate care is being provided.

If a child requires Buccolam (midazolam oromucosal solution) this will be administered in accordance with NHS guidelines. Buccal Midazolam is a rescue medicine for the prolonged and repeated epileptic seizures. This is administered through a buccal route (putting the medication into the side of the mouth between the teeth and inner aspect of the cheek). This medication will be stored out of sight and reach of children. As we are a multi building site, we require three syringes of the medication to ensure that this is administered within the necessary time frame and these will be stored in the following places:

1. Child's classroom – stored in an accessible place out of the sight and reach of children.
2. In the medicine cabinet located in the staff room in the Dunwoody building and the office in the Irlam building.

## **Diabetes**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and these will be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally draw such signs to the parents' attention.

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school, supervision may be required, and also a suitable, private place to carry it out.

The individual health care plan will identify the approach in each case and this may include provision for regular snacks during the day, even during class times and sometimes prior to exercise. When staff agree to administer blood glucose tests or insulin injections, they will be trained by an appropriate health professional.

Staff will be made aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – **hypoglycaemic reaction** (hypo) in a child with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

The different symptoms experienced by children will be discussed when drawing up a health care plan.

If a child has a hypo, they will not be left alone and a fast-acting sugar, such as glucose tablets, a sugary drink will be brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given once the child has recovered, some 10-15 minutes later.

An ambulance will be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

## **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring medical attention. It usually occurs within second of minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat,

which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalized flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child will be watched carefully. They may be heralding the start of a more serious reaction.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription.

Should a severe allergic reaction occur, the adrenaline injection will be administered into the muscle of the upper outer thigh. **An ambulance will always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. In cases of doubt it is better to give the injection than to hold back.

The child's individual health care plan will detail:

- What may trigger anaphylaxis
- What to do in an emergency
- Prescribed medicine
- Food management
- Precautionary measures

Communication with catering staff is crucial so that the child's particular requirements can be met.

Whilst we will endeavour to reduce any food triggers, it is not always feasible to exclude certain foods from the premises. However, appropriate steps to minimize any risks to allergic children will be taken.

Wistaston Academy Community Primary School

Medicine in school – INHALERS

**This form must be completed and sent to school if your child uses an inhaler**

Pupil name ..... Year of entry .....

Parent's name ..... Daytime Tel. No.....

Doctor's name ..... Tel. No.....

**Inhaler type** – e.g. Ventalin cartridge, disc etc. \_\_\_\_\_

***How often and when does your child need to use an inhaler?***

\_\_\_\_\_  
\_\_\_\_\_

***Is your child likely to have a severe asthma attack?***

\_\_\_\_\_

**Where should your child's inhaler be kept?** e.g. Teacher's desk or child's tray, medicine cupboard, with them at all times

\_\_\_\_\_

***Any other instructions***

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Parent Date \_\_\_\_\_

\_\_\_\_\_