



## **U-educate Administering Medication and First Aid Policy- September 2025**

U-Educate is committed to treating all students with respect and ensuring their safety from harm. The prime focus is on the safety and well-being of each individual under our care. This policy outlines our procedures for first aid and the safe management of medicines.

Adherence to this policy is in accordance with the following policies:

- Health and Safety Policy
- Safeguarding Policy

### **Medication in School**

The school is dedicated to providing emergency first aid to address accidents and incidents involving employees, children, and visitors. The arrangements outlined in this policy are based on a thorough risk assessment conducted for all staff, pupils, and visitors

It is recognised that some students may have medical conditions that could temporarily impact their participation in school activities, while others may have ongoing conditions that, if not properly managed, could affect their access to education and health. These individuals are considered to have medical needs, and extra care may be necessary during certain activities. The identification of pupils with medical conditions is essential, and all staff will be informed of these conditions to ensure they know the appropriate actions to take if needed.

U-Educate acknowledges and assumes responsibility, in principle, for programme staff who voluntarily supervise students taking prescribed medicine during the school day. Staff members are not authorised to administer medicines without the completion of appropriate training. Medication should only be taken when necessary and parents are encouraged to consult the prescribing doctor to arrange doses outside school hours. If bringing medication to school is unavoidable, the Programme lead must be notified for the completion of a healthcare plan and medication form, ensuring clear arrangements for administration. The storage of medication will be in the first aid room, a locked cabinet, or a fridge if required for refrigeration. The administration of medication will be documented on the care plan.



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Non-prescription medication, such as painkillers/analgesics, will not be administered by staff under any circumstances. Students should be discouraged from bringing such medication to school to prevent potential misuse or hazards to others. In cases where a student arrives with non-prescription medication, accompanied by written parental authorisation for its use, the student should be supervised by a staff member. Parents will be notified in writing, confirming adherence to dosage and medicine guidelines. If necessary, a First Aider may oversee the supervision and notify parents.

### **The Law**

The areas of legislation that must be adhered to in relation to the administration of medicines in schools are:

- The Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981 (SI 1981/917)
- First aid at work: Health and Safety (First Aid) Regulations 1981
- Guidance on First Aid For Schools 2000, Updated 12 February 2014
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Controlled Drugs (Penalties) Act 1971
- The Health and Safety at Work Act 1974
- Control of Substances Harmful to Health Regulations 2002
- The Education (School Premises) Regulations 1999
- The Education (Independent Schools Standards) (England) Regulations 2003
- Part 4, The Disability Discrimination Act as amended by the Special Educational Needs and Disability Act 2001

### **Parental responsibility**

Parents bear the primary responsibility for their child's health and are required to provide the school with details about their child's medical condition and other health requirements upon admission. It is incumbent upon them to inform the school of any alterations to the type or dosage of the student's medication and to replace expired medicines. Bringing any medication to school must be communicated to the Programme Lead or medical supervisor beforehand.

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### **U-educate responsibility**

All staff members are informed that there is no legal or contractual obligation for any staff member to administer medication or oversee a student taking medication unless they have been explicitly contracted for such responsibilities. The administration of medicines within the school is the responsibility of the Programme Lead, in collaboration with the Senior Practitioner. In cases of uncertainty, staff should refrain from administering the medicine and instead consult with the Programme Lead, parents, and/or a health professional before taking any further action. If unsure, the administration of the medicine should not proceed.

### **Prescription medicines**

These medications should only be brought to school when absolutely necessary, specifically when it would be harmful to the child's health if the medicine were not administered during the school day.

Parents are encouraged to consider dose frequencies and timing, aiming to schedule medication administration outside of school hours whenever feasible. Parents can consult with doctors to explore timed-release medication options, minimising the need for daily doses.

If medicines need to be brought into the school, the following procedure must be followed:

- All medicines must be in their original container.
- All medicines **MUST** be clearly labelled with;
  - o The child's name
  - o The name and strength of the medication
  - o The dosage and when the medicine should be given
  - o The expiry date
  - o Side effects
- Staff must never accept medicines that have been taken out of their original container or make changes to the dosages even on parental instruction.
- Long term medicines (including homeopathic ones) must be accompanied by a written parental agreement for the school to administer medicine.
- If two or more medicines are required, these should be in separate, clearly and appropriately labelled containers.
- On arrival at school all medicines must be handed to one of the named staff members.
- Prescribed Medication Administration Record Form, PMAR (Appendix 1), must be completed, and stored within a lockable cabinet.

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Every medication received by the school must be accurately counted and documented in a PMAR (Appendix 1), and this record must be completed for each administered dose. Additionally, a continuous record of the stock level must be maintained.

Certain medications may be prescribed on an 'as required' basis, meaning they are to be administered only under specific circumstances. This typically includes reliever inhalers for asthma, rectal diazepam for epilepsy, and ibuprofen for pain control. The circumstances under which these medications should be administered must be detailed in the child's health care plan. A written letter from the parent, stored with the PMAR and signed, ensures that contacting the parent before administering such medicines is unnecessary.

Medications will be stored in a designated container labelled with the child's name, medication requirements, and a photo of the child. Regular checks will be conducted on storage arrangements to confirm their security, ensuring that the medication remains up-to-date and accurate.

### **Emergency Medication**

Emergency medications, such as EpiPens and reliever inhalers, are subject to the same request and recording procedures as non-emergency medicines, with additional consent obtained through a care plan.

Students with urgent, life-threatening conditions must have their emergency medications available at school; otherwise, they will not be permitted to remain on the premises. All students requiring reliever inhalers or EpiPens are expected to carry one with them at all times. Additionally, parents are advised to provide a spare for the school to keep in case the original is lost or damaged. Parents/guardians are responsible for ensuring that their child is trained and competent to selfadminister their emergency medicines. However, staff will verify that this is indeed the case. Emergency medication must be easily accessible in an unlocked cupboard within each office at the provision. The student's parental consent should be stored with the medicine, providing clear instructions on managing a student in the event of a medical crisis. All staff must be informed about the location of the emergency medication and the conditions under which it is administered.



### **Controlled Drugs**

The acquisition, possession, and administration of certain medications are regulated by the Misuse of Drugs Act and its associated regulations. Some medications, such as Methylphenidate (Ritalin, Equasym), may be prescribed for use by children at school.

For a child prescribed a controlled drug, the school must obtain agreement from the parents to safely store and administer the medication. A comprehensive record must be maintained, covering all supplies received, doses administered, and any unused supplies returned to parents for audit and safety purposes.

Controlled drugs must be securely stored in a locked, non-portable cupboard, with access restricted to named staff only. Administration of a controlled drug to a child for whom it has been prescribed is limited to a designated staff member listed in the designated persons' list. The drug must be administered following the prescribed instructions.

Misuse of a controlled drug, including passing it to another child for use or borrowing another child's identical drug, is considered a punishable offense.

In instances where a child refuses to take their medication, staff should not coerce them but instead make a note of the refusal in their records. Parents must be promptly informed of the refusal on the same day.

### **Storage of Medicines in school**

Bringing large quantities of medications to school is discouraged. In cases where it is not practical for parents to provide only a single dose required for one day, arrangements should be made to agree with parents on a reasonable quantity that can be kept at school.

Medications, including analgesics like paracetamol, must not be stored in first aid bags, boxes, or any location accessible to students. Non-emergency medication should be kept in a securely locked storage unit, with the key stored in an accessible but restricted place known only to designated staff members



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If refrigerator storage is necessary, the staff room fridge may be used, with a clearly marked section designated for medicines if needed.

Once removed from the medicine cabinet, the medication must be administered immediately and should never be left unattended.

Discontinued and expired medicines should be returned to parents for proper disposal.

### **Staff training**

Every staff member will undergo training to administer medicines, with regular updates provided at least annually. An appropriate adult will conduct this training, encompassing an overview of the school's medicines policy, information on the various legal categories of medicines that children may take, and confirmation of the procedures for administering and recording medications.

### **Insurance**

U-educate has insurance cover and the following comments are relevant to any situations which might arise from the administration of medication to students.

- Staff members are protected from bearing the financial burden of damages and would only be personally liable if they intentionally violated an instruction or acted with extreme negligence.
- In order to establish civil liability, the injured party would have to prove that u-educate owed a duty of care to them, that the duty was breached, and that, as a result of that breach, injury or loss was sustained.
- There is a remote possibility that criminal liability could arise if a member of staff undertook action which they had not been authorised by the child's parents to undertake. However, it is possible that, if a child showed symptoms of a serious condition while at school, staff were acting in "loco parentis" there would be a Common Law expectation that they would act (either directly or by calling assistance) rather than do nothing. In extreme cases, this could necessitate emergency action before contacting parents or trained staff. Any action taken must be balanced against what a reasonable parent would do in the light of their training and experience and in relation to the availability of medical assistance and any relevant health care policy.

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## **First Aid**

### **Aims of first aid**

- To ensure that U-educate has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor. This is reflected within the programmes equal opportunities policy.
- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- To promote effective infection control.
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

### **To achieve the Policy Aims, U-Educate will:**

- Have suitably stocked first aid boxes; this is monitored on a weekly basis by first aid trained staff. Any issues with the content of the box is reported to the Programme Lead, as a matter of urgency to ensure the ordering of products happens in a timely manner and first aid box requirements are met.
- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health; any equipment such as free-standing goals or sporting equipment is to have a risk assessment.
- Appoint sufficient first aiders (suitably qualified by training) to take charge of first aid. Certification will be updated every three years in line with requirements. Programme Leads will always be first aid trained. U-educate will maintain a record of employees who have undergone first aid training, this can be found within personnel files.
- In line with independent school standard requirements for first aid, at least one qualified first aider will be on the school site at all times. All staff will know which staff are qualified to give first aid and should refer any accidents or other medical emergencies to them promptly. Displays in school will confirm to staff and others which staff are qualified first aiders.
- Provide information as and when required to employees, pupils and parents on the arrangements for first aid. This will be given out within the induction process of student and staff.

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- Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff and parents. Accidents and medical emergencies will be recorded appropriately in the school accident book. Accident books will be routinely monitored to learn the pattern of incidents, so lessons are learned and information gained informs improved practices.
- Ensure that an accident record file is maintained electronically. Every incident that requires first aid is also recorded, including any treatment given.
- Ensure that a holder of a current first aid certificate accompanies all trips, walks and field trips. A portable first aid kit will be taken on all such trips. Risk assessments are to include this.
- Members of staff will be made aware of any hazards in subjects and/or activities that they teach or supervise so they know what they are and consider them in planning. All staff will have access to first aid kits inside and outside.
- Ensure notices are clearly visible throughout the provision indicating the location of the first aid boxes and the names of the Programmes First Aiders.
- Ensure that appropriate hygiene is observed at all times and rubber surgical gloves will be provided and used in any instance involving blood.
- Review and monitor arrangements for first aid on as appropriate on a regular basis; this policy is reviewed annually. Next review date is September 2025.

### **First Aid Boxes and First Aid Travel Kits**

The first aid boxes are located in the following locations:

- First Aid Room

### **Emergency Procedure in the event of an accident, illness or injury**

- If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a first aider. Staff who are not first aid trained are not permitted to administer first aid treatment.
- If summoned, a first aider will assess the situation and take charge of first aid administration. If the First aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- Where an initial assessment by the designated first aider indicates a moderate to serious injury has been sustained then one or more of the following actions will be taken:

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- 1) Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be summoned. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.
- 2) Call an ambulance or a doctor, or (if advised by a member of management that this is appropriate, after receiving the parents clear instruction) take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- 3) Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (much easier if they are fit to be moved), by removing people from the scene.
- 4) See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted.
- 5) When the above action has been taken, the incident must be reported to: i. the programme lead or Director. ii. the parents (or other closest relatives) of the victim(s), iii. the police, if a criminal offence may have occurred iv. Riddor (see Riddor Section) if appropriate.
- 6) Allocate staff resources carefully between helping the victim(s) (e.g. by accompanying them to hospital), dealing with the direct aftermath of the accident and looking after pupils not affected by the accident. All three activities are important.
- 7) Require (in so far as it is reasonable to do so) all adult witnesses and older children who are witnesses (including those arriving on the scene after the accident), to write down in their own hand and in their own words exactly what they saw and heard. This first-hand evidence can be invaluable, if litigation follows the accident.
- 8) Complete a 'Accident/Incident/Illness Report Form' (Appendix 2).
- 9) Without delay, begin to consider ways of preventing such an accident from happening again and implement those preventative measures. Complete risk assessment regarding the incident.
- 10) Make arrangements for the return to school of the accident victim(s) and of those worried or traumatised by the accident.

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**If the initial assessment indicates that a minor injury has taken place, then one or more of the following actions will be taken:**

- First Aid administered as necessary by designated First Aider.
- Complete a 'Accident/Incident/Illness Report Form' (Appendix 2).
- Parents informed.

### **Ambulances**

The designated first aider is to always call an ambulance (999) on the following occasions:

- In the event of a serious injury;
- In the event of any significant head injury.
- In the event of a period of unconsciousness;
- Whenever the first aider is unsure of the severity of the injuries.

**The designated first aider is to call 111 Emergency and Urgent care line on the following occasions:**

- Whenever there is the possibility of a fracture or where this is suspected;
- Whenever the first aider is unsure of the correct treatment.

Arrangements should be made to ensure that any student is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardians or their named representative is present. A member of staff will remain with the pupil until one of the pupil's parents, guardians or a named representative appointed by a parent arrives at the hospital.

### **Procedure in the event of contact with blood or other bodily fluids**

First aiders should follow the U-educate CoSHH Policy. Identified within this is a risk assessment to ensure that safe procedures are in place.

### **Reporting to parents.**

In the event of accident or injury to a pupil, at least one of the pupil's parents must be informed as soon as possible. Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop. In the event of serious injury or an incident requiring emergency medical treatment, the attending member of staff, in consultation with management team, will telephone the pupil's parents as soon as possible. A list of emergency contact details is kept at the programme.

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### **Visits and events off site**

Before undertaking any off-site events, the staff member organising the trip or event will assess level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the Programme Lead and/or the Director before the event is organised.

### **Riddor**

More serious accidents are reported to the Local Authority and the Health and Safety Executive under 'RIDDOR' regulations (see RIDDOR guidance for schools below).

The telephone number for reporting incidents is: 0845 300 9923.

Alternatively reporting can be done online at:

- <https://extranet.hse.gov.uk/lfserver/external/F2508IE> for injuries
- <https://extranet.hse.gov.uk/lfserver/external/F2508DOE> for dangerous occurrences
- <https://extranet.hse.gov.uk/lfserver/external/F2508AE> for reportable diseases

### **What must be reported?**

Deaths and injuries: If someone has died or has been injured because of a work-related / school accident this may have to be reported. Work / school-related accidents: The accident that caused the death or injury must be connected to the work activity;

<http://www.hse.gov.uk/riddor/do-i-need-to-report.htm> provides further evidence.

### **Types of reportable injury**

- Deaths
- Major injuries
- Over-three-day injuries

### **People not at work:**

- Where a member of the public or person who is not at work, has died, or
- Injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital for treatment.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;

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- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

### **Over 3 day injuries**

This is where an employee or self-employed person is away from work or unable to perform their normal work duties for more than three consecutive days (not counting the day of the accident).

- Occupational diseases
- Employers and the self-employed must report listed occupational diseases:  
<http://www.legislation.gov.uk/ukxi/1995/3163/schedule/3/made> when they receive a written diagnosis from a doctor that they or their employee is suffering from these conditions and the sufferer has been doing the work activities listed.

### **Dangerous occurrences**

Dangerous occurrences are certain listed near-miss events. Not every near-miss event must be reported. Here is a list of those that are reportable:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipe work;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;

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- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- A dangerous substance being conveyed by road is involved in a fire or released.

The following dangerous occurrences are reportable except in relation to offshore workplaces:

- unintended collapse of:
  - o any building or structure under construction, alteration or demolition where over five tons of material falls;
  - o a wall or floor in a place of work;
  - o any false work;
  - o explosion or fire causing suspension of normal work for over 24 hours;
  - o sudden, uncontrolled release in a building of:
    - o 100 kg or more of flammable liquid;
    - o 10 kg of flammable liquid above its boiling point;
    - o 10 kg or more of flammable gas; or
    - o of 500 kg of these substances if the release is in the open air;
  - o accidental release of any substance which may damage health.

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**PRESCRIBED MEDICATION ADMINISTRATION RECORD**

Completed By:	Reason for Medication:
Countersigned By:	Commenced on:
Name of Young Person:	Dosage:
Name of Medication:	Time to be given:
Amount:	Reactions to other medicines:
Date Prescribed:	Date of Completion:
Prescribed By:	Date of Disposal:

**How to Report:**

Online: Responsible persons, named as Adam Gray and Christian Brown should complete the appropriate online report form listed on <https://www.hse.gov.uk/riddor/reporting/index.htm>. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

Telephone: All incidents can be reported online but a telephone service is also provided for reporting fatal/specified, and major incidents only - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Reporting out of hours: The HSE and local authority enforcement officers are not an emergency service.

More information on when, and how, to report very serious or dangerous incidents, can be found by visiting the HSE ways to contact HSE webpage.

If you want to report less serious incidents out of normal working hours, you can always complete an online form.

All Staff at U-Educate aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always work in good practice while having the best interests of the student in mind.

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[illegible]



## Accident Record

Report Number

ABOUT THE PERSON WHO HAD THE ACCIDENT
Name:
Address:
Postcode:
Occupation:

ABOUT THE PERSON FILLING IN THIS RECORD
Name
Address
Postcode:
Occupation:

<b>ABOUT THE ACCIDENT</b> — continue on the back of the form if needed	
Say when it happened	date     /     /     Time:
Say where it happened, state which room or place	
Say how the accident happened, give the cause if you can:	
If the person who had the accident suffered an injury, say what it was:	

PLEASE SIGN THE RECORD AND DATE IT

Signature: \_\_\_\_\_ date     /     /

**FOR THE EMPLOYEE ONLY**

By ticking this box, I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law ☐

Signature \_\_\_\_\_ Date     /     /

FOR THE EMPLOYEE ONLY

Complete the box if the accident is reportable under the reporting of injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) to report go to [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

How was it reported?

Date reported      /      /      Signature:



**Completed by:** Adam Gray

**Signature:**

A handwritten signature in black ink, appearing to read 'Adam Gray', is positioned below the 'Signature:' label.

**Role/Position:** Director

**Date Completed:** 02/09/2025

**Review Date:** 31/08/2026