Diocese of Norwich
St Benet's
Multi Academy Trust

Acorn
PARTNERSHIP

Acle St Edmund & Little Plumstead C of E Primary Academies

Supporting Pupils with Medical Conditions Policy

Policy Type:	**Trust Policy**
Date Issued by MAT:	**06/06/2023**
Approved By:	**Trust Executive Team**
Approval Date:	**15/05/2023**
Review Date:	**May 2024**
Person Responsible:	**Head of Safeguarding**

Summary of Changes

The model policy has been revised to reflect these changes to the statutory guidance as outlined below.

Page Ref.	Section	Amendment	Date of Change
	1	Updated to include Natasha's Law 2019 and the DfE Schools Admission Code 2021	Aug 22
	3	Updated section on admissions	Aug 22
	10	Updated section on use of Adrenaline auto-injectors (AAI's) following Department of Health updated guidance including requirement to keep spare AAI on the academy premises	Aug 22
24	Appendices	Appendix F 'Request for Child to carry their own medication (secondary only)' added	Feb 23
	Appendices	Appendices renamed	Feb 23
		Trust Ethos and Values and Overall accountabilities and roles section added	Feb 23

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Our Christian Ethos and Values
All policies within the St Benet's Multi Academy Trust (hereafter referred to as "the Trust"), whether relating to an individual academy or the whole Trust, will be written and implemented in line with our Christian ethos and values.

Our academies are open to all and accepting of all regardless of faith. Our passion and ambition are to see children and young people in all our academies achieve excellent educational outcomes alongside developing and growing into their potential as individuals made in the image of God.

Our culture is one of high aspiration for all. This is rooted in our Christian values as demonstrated in the life and teachings of Jesus Christ. We have a desire to see our academies acknowledged as places of aspiration, high quality learning, achievement and hope making a significant contribution to the communities they serve.

Overall accountabilities and roles
The Trust has overall accountability for all its academies and staff. Through a Scheme of Delegation for each academy it sets out the responsibilities of the Trust, its Executive Officers, the Local Governance Committee and the Principal / Head Teacher. The Principal / Head Teacher of each academy is responsible for the implementation of all policies of the Trust.
All employees of the Trust are subject to the Trust's policies.

Statement of intent
The local governing body of **Acorn Partnership** hereafter known as The Academy has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The academy believes it is important that parents of pupils with medical conditions feel confident that the academy provides effective support for their children's medical conditions, and that pupils feel safe in the academy environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The academy has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the academy's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the academy's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medicines Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Complaints Procedures Policy
- Equality of Opportunity Policy
- Health and Safety Policy
- Attendance Policy
- Admissions Policy

Roles and responsibilities

The Local Governing Body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the academy.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.

- Instilling confidence in parents and pupils in the academy's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the academy because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

- Notifying the academy if their child has a medical condition.
- Providing the academy with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

Academy staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse is responsible for:

- Notifying the academy at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in the academy.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with academies supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and academies looking to improve links between health services and academies.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the academy for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the academy, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for academy staff, ensuring that IHPs can be effectively delivered.
- Working with the academy to ensure that pupils with medical conditions can attend academy full-time.

Where a pupil is away from the academy for 15 days or more (whether consecutively or across a year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Admissions
Admissions will be managed in line with the academy's Admissions Policy.
No child will be denied admission to the academy or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The academy will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process unless the information is required to ensure suitable adaptions/adjustments/staffing arrangements need to be made.

Notification procedure
When the academy is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the academy will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in the IHPs section of this policy).
The academy will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the academy in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the academy mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Staff training and support
Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on a **termly** basis for all academy staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a **termly** basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the academy are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the SBM and provided by the following bodies:

- **Commercial training provider**
- **The school nurse**
- **GP consultant**
- **The parents of pupils with medical conditions**

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
The local governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Self-management
Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

Supply teachers
Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the academy's insurance arrangements.

IHPs
The academy, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The academy, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process. IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments

- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by academy staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the academy will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

Managing medicines

In accordance with the academy's Administration of Medicines Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or academy attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the academy will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP. The academy will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The academy will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the academy's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the academy with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the academy site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the academy operates in line with Natasha's Law can be found in the Whole-Academy Food Policy. Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the academy's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

[Secondary schools only] Pupils who have prescribed AAI devices can keep their device in their possession.

[Primary schools only] Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the **academy office**.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. In the event of anaphylaxis, a designated staff member will be contacted via a class telephone. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The academy will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in **the medical room**, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the academy's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

[Primary schools only] For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

[Secondary schools only] For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the academy will give consideration to taking the spare AAI in case of an emergency. Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E of this policy.

Emergency procedures
Medical emergencies will be dealt with under the academy's emergency procedures. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits and sporting activities
Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the academy will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The academy will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Unacceptable practice
The academy will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.

- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or academy office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in academy life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and indemnity
The Trust Board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The academy holds an insurance policy with the Risk Protection Arrangements covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies.
In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the academy, not the individual.

Complaints
Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the academy in the first instance. If they are not satisfied with the academy's response, they may make a formal complaint via the academy's complaints procedures, as outlined in the Complaints Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

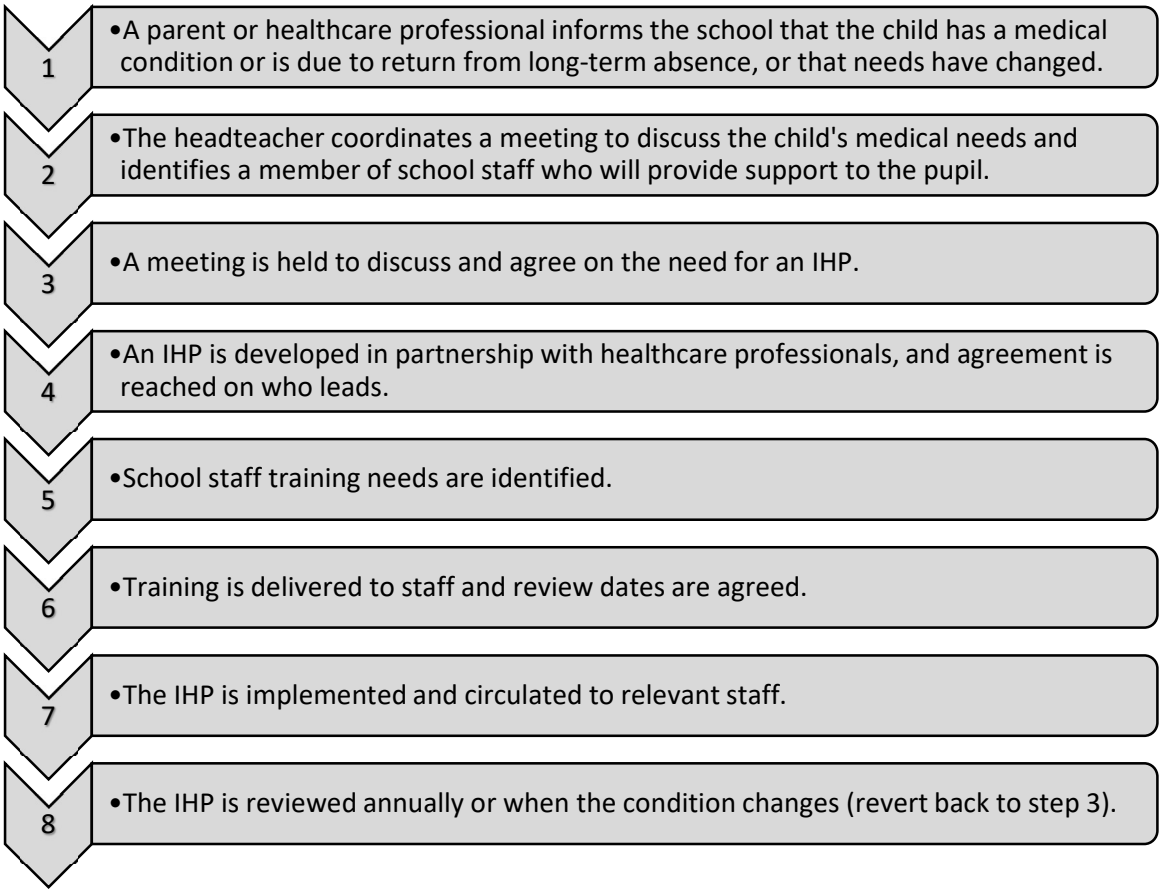
Home-to-school transport
Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the academy will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators section if relevant
The academy has a **Mediana HeartOn A15** automated external defibrillator (AED). The AED will be stored in **the office** in an unlocked, alarmed cabinet.
All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the academy will be carried out and reviewed **annually**.
No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

Monitoring and review
This policy is reviewed on **every 3 years** by the Trust.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	
Who is responsible for providing support in school?	

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to:

Appendix C: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name and/or type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	**Name and position of staff member**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature Date

Appendix D: Record of Medicine Administered to an Individual Pupil

Name of pupil:	
Group/class/form:	/ /
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	/ /
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Parent signature: _____

Date:	/ /	/ /	/ /
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:	/ /	/ /	/ /
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
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Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Appendix E: Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix F: Request for child to carry own medication (Secondary only)

Your child cannot carry their own medication on school premises unless you complete and sign this form.

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	
GP name and telephone number	

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]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for my child to carry the medication detailed above. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____
(Parent/Carer/Guardian/Person with parental responsibility)

Appendix G: Staff Training Record – Administration of Medication

Name of school:	
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:
Suggested review date:

Appendix H: Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **school phone number**.
- Your name.
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Appendix I: Letter Inviting Parents to Contribute to IHP Development

Address line one
Address line two
Town/city
Postcode
Date

RE: Developing an individual healthcare plan (IHP) for your child

Dear parent,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an IHP to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for **date**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

[Attach appendix a, Individual Healthcare Plan, to this letter.]

I would be happy for you contact me via **email address** or **phone number** if this would be helpful.

Yours sincerely,

Name
Job role

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider