



Supporting Pupils with Medical Conditions Policy

Green highlights represent the changes that have been made at the last review.

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Reviewed by DP March 2025	Ratified by Trustees April 2025
Next Review due March 2026	

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Legal Requirements

This policy has been written with due regard to the following guidance and legislation:

- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE) September 2014
- 0-25 SEND Code of Practice 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Mental Health and behaviour in schools: departmental advice for school staff DfE June 2014
- Schools Admissions Code DfE 1 Feb 2010
- The Data Protection Act 2018
- Ensuring a good education for children who cannot attend school because of health needs; DfE 2013
- Working Together to Safeguard Children (2023)
- The Special Educational Needs and Disability Regulations (2014)
- Misuse of Drugs Regulations 2001

Links to Other School Policies

- Accessibility Plan
- Children with health needs who cannot attend school policy
- Attendance and Absence Policy
- Child Protection and Safeguarding Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Equality Information and Objectives Policy
- Pupil's Mental Health and Well-being Policy
- First Aid Policy

Introduction

Keystone Academy Trust believes that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and can access and enjoy the same opportunities at school as any other child.

We recognise that children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Our Trust recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. Our schools will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. Our schools will focus on giving children and their parents every confidence in the school's approach.

Our Trust recognises that some children who require support with their medical conditions may also have a special educational need and/or a disability and may have an Education, Health and Care Plan (EHCP). We will always work closely with parents, health professionals, other support services, and the Local Authority in order to meet their needs. Sometimes it may be necessary for our schools to work flexibly, and this may, for example, involve a combination of attendance at school and alternative provision.

The admission to school is conducted by the Lincolnshire Local Authority. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with our schools' safeguarding duties, a school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Definitions of Medical Conditions

Children's medical needs can be broadly summarised as being of two types:

- **Short-term:** affecting their participation at school because they are on a course of medication.
- **Long-term:** potentially limiting access to education and requiring ongoing support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the

case, this policy should be read in conjunction with the 0-25 SEND Code of Practice 2015 and other related school policies listed above.

Roles and Responsibilities

The statutory duty for making arrangements for supporting children at school with medical conditions rests with the Governing Body. The Governing Body have conferred the following functions of the implementation of this policy to the staff below; however, the Governing Body remains legally responsible and accountable for fulfilling statutory duties.

The Governing Body:

- Should ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, they will ensure that children's health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Should ensure that arrangements are in place to support children with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Should ensure that the arrangements give parents and children confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact upon a child's ability to learn, as well as increase their confidence and promote self-care.

The Headteacher:

- Should ensure that staff are properly trained to provide the support that children need;
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations;
- Should ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed;
- Should ensure that the arrangements put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;

- Where home to school transport is being provided by Lincolnshire County Council, support the development of any associated risk assessments and/or specific transport emergency plans;
- Should ensure that all relevant staff, including external providers, i.e. before/after school and activity clubs, are aware of children's conditions;
- Should ensure that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity).

School Staff:

- Should be aware that they may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be directed to do so unless it is within the staff member's contract;
- Should take into account the needs of children with medical conditions that they teach, although administering medicines is not part of teachers' professional duties;
- Should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- Should read children's individual health care plans so that they know what to do and can respond accordingly when they become aware that a child has a medical condition.

Parents/Carers:

- Should provide the school with sufficient and up to date information about their child's medical needs;
- Should be involved in the development and review of their child's individual health care plan;
- Should carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times);
- Should sign their child's individual health care plan to acknowledge that it is accurate and correct at the time of writing and that they are in agreement with the plan.

Pupils

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual health care plan.

Healthcare Professionals

Healthcare professionals, including GPs, the School Nursing Team (0-19 Team) and paediatricians should notify the school when a child has been identified as having a medical condition that will require support at school. The healthcare professionals, particularly the School Nursing Team (0-19 Team) and Specialist Nurse for Pupils with a Disability will often be able to provide support and training to staff, for children with particular conditions (e.g., asthma, diabetes, epilepsy, and hydrocephalus).

Policy Implementation

The overall responsibility for the implementation of this policy is given to **the SENCo**.

The SENCo will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual health care plan for each child and making sure that relevant staff are aware of these plans.

Procedures to be followed when notification is received that a child has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when children's needs change. For children being admitted to our schools for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to a school mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts upon their school life. We aim to ensure that parents/carers and children can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact upon the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support children's medical conditions and will be clear and unambiguous about the need to actively support children with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of children in such activities and put in place any reasonable

adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all children's health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Our schools do not have to wait for a formal diagnosis before providing support to children. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on available evidence. This would normally involve some form of medical evidence from a health professional and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by **the SENCo** and then an individual health care plan will be written in conjunction with the parent/carers and any professionals involved and put in place.

Schools will keep a register of medical needs and individual health care plans (Appendix F) so that all staff are aware of those pupils who require additional support due to their medical needs.

Individual Health Care Plans

Individual health care plans (Appendix A) will help to ensure that we can support children with medical conditions which require daily care in school. They will provide clarity about the child's needs, the provision needed, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

Individual health care plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and daily care requirements that are needed to support the child effectively in school. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual health care plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional (where possible) who can best advise on the particular needs of the child. Children should also be involved whenever appropriate. The aim should be to capture the steps which staff should take to help manage the condition and overcome any

potential barriers to getting the most from the child's education. Plans will be completed by either the **SENCo** or the lead health care professional involved.

We will ensure that individual health care plans are reviewed annually or earlier if evidence is presented that the child's needs have changed. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual health care plan identifies the support that the child will need to reintegrate effectively. (In these instances, please also see our 'Children with health needs who cannot attend school policy'.)

Individual health care plans will suit the specific needs of each child, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The child's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g., crowded corridors;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by their lead clinician that could be used to inform development of their individual health care plan;
- Parent/carer details, with telephone numbers identified, should they need to be called in an emergency;
- GP and any necessary healthcare professionals' details with telephone numbers identified, should advice be needed in an emergency.

Staff Training and Support

All staff that are required to provide specialist support to children with medical conditions will be trained by health care professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual health care plan. We may

choose to arrange training ourselves and will ensure that it remains up to date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements set out in the individual health care plans. They will need an understanding of the specific medical conditions that they are being asked to deal with, their implications and preventative measures.

For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

All staff will receive regular whole school training in common medical conditions such as asthma so that all staff are aware of the school's policy for 'Supporting pupils with medical conditions' and their role in implementing the policy. The SENCo will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.

The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice but should not be the sole trainer. Parents/carers are welcome to attend any training specific to their child.

To ensure that staff training remains current and appropriate, a record of staff training will be kept by the SENCo (Appendix G).

Managing Medicines on School Premises

In our schools the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent;
- With parental written consent we will administer non-prescription medicines (Appendix B). Medication, e.g., for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

- We will only accept prescribed medicines, with written permission from parents/carers (Appendix B) that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- The Academy will only give non-prescription medicines to pupils for a maximum of 3 days, even where parents give permission. The only exemption to this is if pain relief is required during the healing period of an injury such as a sprained joint or broken/fractured limb.
- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed to a member of the office staff as soon as the child arrives at school;
- Staff administering medicines should do so in accordance with the prescriber's instructions;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

Storage and Access

- All medicines will be stored safely in a lockable medical cabinet. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. These will be stored in a lockable refrigerator;
- Children who self-administer must know where their medicines are at all times and be able to access them immediately;
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be accessible in a designated area and not locked away.
- All medicines should be marked with the child's name. In some circumstances, such as diabetic equipment, these devices may be stored in an individual, named bag or box to which the pupil can have easy access and carry with them throughout the day;

Record Keeping

- A written record will be kept of all medicines administered to children (Appendix C) stating the name of medication, dose, time, date and supervising staff. Any side effects of the medication administered at school should be noted;
- If a parent would like a record of the times and doses that medication was administered to their child, Appendix D can be used;

- These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Controlled Drugs

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. Each school should follow these controls to ensure that all legal requirements and best practice are adhered to. An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual health care plan.

Two members of staff should be present when the drug is to be administered, to double check that the dose is correct. One person will administer the dose, and the second person will witness its administration.

Storage and Access

Controlled drugs should be double locked, i.e. in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the individual health care plan.

Only named staff should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

Record Keeping

A separate Controlled Drug register (Appendix E) should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.

If misuse of a controlled drug is suspected, all records should be checked by the Headteacher and reported to the Police/Local Intelligence Network (LIN).

Commonly Encountered Controlled Drugs

A list of commonly encountered controlled drugs can be found at the following link: -

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

The child's role in managing their own medical needs

If, after discussion with the healthcare professional and parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual health care plan.

Children will be able to access their medication for self-medication quickly and easily; these **will be named and stored in an accessible, designated area** to ensure that the safeguarding of other children is not compromised. Our schools also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

Refusal to take medication

If a child refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the school must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their individual health care plan.

If a child refuses to take a non-prescribed medication, this should be recorded in the child's records. Parent/carers should be informed of the refusal on the same day.

If a refusal to take medication results in an emergency, emergency procedures should be followed.

Emergency Procedures

In an emergency, a member of staff holding an up to date First Aid Certificate needs to be called and any necessary first aid administered. Whilst administering first aid, another member of staff must call the emergency services. It is also necessary to inform a member of the school office that the emergency services have been called so that they can stand at the school gates in order to direct the paramedics to the correct area of the school as quickly and efficiently as possible. Once the emergency services have been called, a further call needs to be made to the child's parents/carers.

The head teacher, alongside the staff member responsible for risk assessments will ensure that arrangements are in place for dealing with emergencies for all off-site school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with them until the parent arrives, or accompany a child taken to hospital by ambulance.

If the head teacher or senior member of staff judges the situation to be less urgent, e.g., broken bones, the parent will be called so that the child can be taken to the Accident and Emergency department. If a parent cannot be contacted, two members of staff will take the child to hospital.

Educational Visits and Sporting Activities

We will actively support children with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions can be included safely. Individual health care plans will be updated with specific information required for visits/activities and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by our Educational Visits Policy.

Staff with the role of administering specialist support must have relevant and current training to do so. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Children who require short term medication for the duration of the trip/residential

Parent/carers will be asked to complete a medical form approximately three weeks before the visit so that the school can establish, from parents/carers, the medication required, circumstances in which it can be administered, the precise time and the exact dose to be given.

All medication must be provided in the original packaging as supplied from the pharmacy.

Controlled Drugs

The school will make every effort to accommodate children with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place. For day trips, the Trip Leader will be responsible for looking after any medication.

Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the DfE's 'Guidance for Schools on First Aid'.

Equipment

Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carer. Wherever possible, the spoon/syringe/vessel should be handed to the child for them to administer the dose themselves. Each individual child's spoon/syringe/vessel should be cleaned and kept with their own medication.

Some children will require specialist equipment to support them whilst attending school. Healthcare professionals will advise **the SENCo** of any equipment needed to ensure that the child's medical needs are met. Staff should check the equipment, in line with any training given, and report any concerns to **the SENCo**.

Staff must be made aware of the use, storage and maintenance of any equipment. Where necessary, training will be provided in the use of equipment by the relevant healthcare professional.

Unacceptable Practice

Although the staff at our schools should use their discretion and judge each case on its merits with reference to the child's individual health care plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plan;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments;
- Prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating in or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child; or
- Alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the child.

If a child misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible.

Liability and Indemnity

Keystone Academy Trust will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises.

Individual cover may need to be arranged for any healthcare procedures. Where necessary, advice will be sought from an Insurance and Risk Management Team. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Staff that assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described in this policy. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against a staff member, the Local

Authority will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

Complaints

Should parents/carers be unhappy with any aspect of their child's care, then they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of the SENCo or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the head teacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address in line with the Trust's Concerns and Complaints Policy.

Appendix A – Individual Health Care Plan

XXX Primary School Individual Health Care Plan

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

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

--

Signed

Parent **Date**

School..... **Date**

Appendix B – Parental Agreement for Setting to Administer Medicine

XXX Primary School

Parental Agreement Form for Setting to Administer Medicine

This form must be completed and signed in order for our setting to administer medicines to your child.

Pupil's Details

Name of child

--

Date of birth

--

Name of class

--

Medical Condition or illness

--

Date of permission

--

Date for review

--

Medicine

Name/type of medicine

(as described on the container)

--

Expiry date

--

Dosage and method

--

Storage details

--

Timing

--

Special precautions/other instructions

--

Are there 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

Contact Details

Name

--

Relationship to child

--

Telephone number

--

Address

--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to administer medicine in accordance with the school's 'Supporting Pupils with Medical Conditions' policy. I will inform the school immediately, in writing, if there is any change to the dosage or frequency of the medication or if the medicine is no longer needed.

Name of parent/carer:

Signature of parent/carer:

Date:

Appendix D – Record of Medicine Administered to an Individual Child

XXX Primary School

Record of medicine administered to an individual child

Name of child	
Date of birth	
Date medication provided	
Name and strength of medication	
Quantity	
Dose and frequency of medicine	
Expiry date	
Any reactions	
Amount returned to parent	

Staff signature:

Signature:

Date			
Time given			
Dose given			
Staff name & signature			
Witness name & signature			

Date			
Time given			
Dose given			
Staff name & signature			
Witness name & signature			
Date			
Time given			
Dose given			
Staff name & signature			
Witness name & signature			
Date			
Time given			
Dose given			
Staff name & signature			
Witness name & signature			
Date			
Time given			
Dose given			
Staff name & signature			
Witness name & signature			

Appendix E – Controlled Drug Register

XXX Primary School

Controlled Drug Register

Please note that two members of staff should be present when a controlled drug is administered, to double check that the dose is correct. One person will administer the dose, and the second person will witness its administration.

A list of commonly encountered controlled drugs can be found at the following link: -

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Date	Name of child	Time	Name of medicine	Dose given	Any reactions	Staff name & Signature	Witness name & signature



Appendix F – Register of Medical Needs and Individual Health Care Plans in School

XXX Primary School

Register of Medical needs and Individual Health Care Plans

Pupils with Individual Health Care Plans

Pupil Name	Class	Medical Condition	Date of IHCP	Medication in school	Expiry Date

Pupils with Asthma

Pupil Name	Class	Date of Asthma Card	Medication in school	Expiry Date

Pupils with general medical needs which don't require an Individual Health Care Plan

Pupil Name	Class	Medical Need	Notes

