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Supporting Pupils with Medical Conditions Policy

Policy title:	Supporting Pupils with Medical Conditions Policy
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1. Introduction

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Children with Medical Needs

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

In line with safeguarding duties, the governing body should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do 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.

At Hoddlesden St. Paul's CE Primary School, we believe that parents and guardians have prime responsibility for their child's health and should provide the school with information

about their child's medical condition and are responsible for making sure that their child is well enough to attend school.

We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities. For many pupils this will be short term, perhaps entailing finishing a course of antibiotics. Some pupils will have long-term medical conditions that, if not managed properly, could limit their access to education.

We will endeavour to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Some children with medical conditions may be disabled. Where this is the case the governing body **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

2. Aims

Our aim is to:

1. Ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
2. Ensure that parents feel confident that our school will provide effective support for medical conditions.
3. Receive and fully consider advice from health care professional and listen to and value the views of parents.
4. Show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
5. Ensure that staff are properly trained to provide the support that pupils need.

3. Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

Responsibilities of the Governing Body

1. Governing bodies **must** make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
2. Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
3. Governing bodies should ensure that school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
4. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
5. Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
6. Governing bodies should ensure that the school's policy covers the role of Individual Healthcare Plans and who is responsible for their development, in supporting pupils at school with medical conditions.
7. Governing bodies should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
8. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
9. Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

10. Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
11. The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.
12. Governing bodies should ensure that written records are kept of all medicines administered to children.
13. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.
14. Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
15. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.
16. Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
17. Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Headteacher Responsibilities

1. Ensure that a policy is developed.
2. Ensure that all Governors are aware of the policy for supporting pupils with medical needs and understand their role in its implementation.
3. Ensure that all staff are aware of the policy for supporting pupils with medical needs and understand their role in its implementation.
4. Ensure that systems are in place for sharing information so that staff are aware of a child's condition.

5. Ensure that sufficient trained numbers of staff are available to implement the policy including emergency and contingency situations.
6. Have overall responsibility for the development of Individual Healthcare Plans.
7. Ensure all staff are insured to support children with medical conditions.
8. Ensure parents are aware of the policy and procedures for supporting pupils with medical needs.
9. Ensure that every effort is made to ensure that arrangements are put in place within two weeks following a new diagnosis or arrival of a pupil with medical needs mid-term.
10. Monitor that individual healthcare plans are in place for pupils with medical needs.
11. Have overall responsibility for the day to day implementation of the policy.
12. Have overall responsibility for the management of medication in school.

Responsibilities of SENCo

1. Ensure adequate transition arrangements are in place and relevant information is exchanged.
2. Liaise with class teachers, healthcare professionals and parents to ensure the development of individual health care plans.
3. Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
4. Ensure that every effort is made to ensure that arrangements are put in place within two weeks following a new diagnosis or arrival of a pupil with medical needs mid-term.

Responsibilities of Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

Administering medicines is not part of teachers' professional duties, although they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

It is expected that staff will:

1. Participate in transitional arrangements between schools/classes (on entry/exit/change of year group).
2. Participate in the development of individual healthcare plans under the guidance of healthcare professionals.
3. Seek advice from healthcare professionals as well as listening to parents and the child.
4. Monitor individual healthcare plans supported by Teaching Assistants /Special Support Assistants.
5. Participate in the review of healthcare plans annually or as the pupils needs change.
6. Arrange necessary cover in case of planned staff absence.
7. Make arrangements for support staff or colleague to brief supply teachers.
8. Risk Assess school visits and other school activities outside of the normal timetable.
9. Where staff administer medicines this is done so voluntarily (e.g. insulin) There is no legal requirement that staff should administer or supervise the administration of medicines. However, where they have agreed to do so, they must ensure this responsibility is upheld or notify the Headteacher.

School Nurse

The School Nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

Wherever possible, they should do this before the child starts at the school.

They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

They may provide advice on developing healthcare plans.

Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)

Parental Responsibilities

1. Parents/Carers should provide full and up to date information about the child's medical needs when the child joins school, or as the medical need arises or changes.
2. Provide medical evidence of the child's medical needs/condition.
3. Long term medical needs, e.g. asthma should be clearly identified, and arrangements for treatment discussed with the Headteacher/SENCo.
4. Participate in the development of Individual Healthcare Plans.
5. Parents/Carers should ensure that the child is well enough to attend school and refrain from sending them when they are unwell.
6. The school must be informed if a child brings any medication into school.
7. Parents/Carers should follow the agreed procedure (see procedure flowchart) in the event of their child requiring medication to be administered by the school staff, and are responsible for its safe transportation to and from the school each day.
8. Parents/Carers are responsible for the provision to school of in-date medication, e.g., inhalers to treat long term medical conditions.

9. If a pupil becomes unwell at school, they should be collected as soon as possible by parents/carers.
10. Parents/Carers should notify school of any change of address and telephone numbers in cases of medical emergency.
11. Parents co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
12. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Pupil Responsibilities

Pupils 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 support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

4. Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

Local Authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local Authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements.

Statutory guidance for Local Authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

5. Individual Healthcare Plans

Individual healthcare plans can help to ensure that school effectively support pupils with medical conditions. They provide clarity about what needs to be done, 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 and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Identification

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

The suggested DfE flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan will be used at our school (see Appendix 1)

Accessibility

Individual Healthcare Plans are kept in the medical file in the school office so that they are easily accessible to all who need to refer to them but so that confidentiality can be maintained.

Creating an Individual Healthcare Plan

Individual Healthcare Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively.

The level of detail within plans 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 Healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.

The DfE model letter to parents (Template G) will be used to invite parents to attend Individual Healthcare Plan development meetings.

Pupils should be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Special Educational Needs

Where a child has SEN but does not have a statement or EHC (Education Healthcare Plan), their special educational needs should be mentioned in their individual healthcare plan.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Individual Healthcare Plan Proforma

The DfE Templates for supporting pupils with medical conditions (May 2014) will be used at our school (DfE Template A: Individual Care Plan)) with reference to DfE Guidance with regards to the contents of a healthcare plan (Appendix 2)

6. Staff Training and Support

Staff will be supported in carrying out their role to support pupils with medical conditions through the provision of suitable training.

Training needs will be identified during the development or review of Individual Healthcare Plans.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in Individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Healthcare Plans).

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

Whole school staff training should be arranged for some conditions such as anaphylaxis, diabetes, asthma.

The policy for supporting pupils with medical conditions should be included in induction for new staff and a summary will be in the staff handbook.

A record of staff training will be kept using DfE template E.

7. The Child's Role in managing their own Medical Needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

8. Managing Medication

1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
4. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed if pain relief has been administered.
5. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
6. Parents should give antibiotics at home. If it is necessary (**e.g. if required four times a day**) for a child to complete a course of antibiotics at school, then parents should come into school and administer the medicine themselves by agreement with the Headteacher.
7. If parents are unable to attend school to administer medicine then the 'Administration of Medication' form must be completed and the Headteacher or SLT in their absence will do their best to administer the medication.
8. We can only accept prescribed medicines 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 still be in

date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

9. School should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
10. Senior Leadership staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
11. A record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom is kept. Any side effects of the medication to be administered at school should be noted.
12. When no longer required, parents should arrange for safe disposal.
13. Parents need to arrange for the safe delivery and collection of medicines from school.
14. Sharps boxes should always be used for the disposal of needles and other sharps.

Storage of Medicines

All medicines should be stored safely.

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to a safe storage facility if needed.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

Dates of medication should be checked. Parents are responsible for replacing out of date medication. Reminders may be required.

All asthma preparations, equipment and a copy of the administration form are to be kept in the classroom readily available to the asthma sufferer and staff concerned at all times.

Medicines which need to be kept in a refrigerator are kept in the staffroom fridge. They should be in a sealed container clearly labelled.

Medication for the emergency treatment of e.g. anaphylactic shock is kept in the child's classroom. They should be in a sealed container clearly labelled.

For specific conditions basic emergency details and a photograph of the child should be available in the classroom.

Record Keeping

Records will be kept of all children receiving medication in school.

Parents will complete the Parental Agreement for setting to administer medicine form (DfE template B) which gives written instructions on administration and also gives school permission to administer the medication.

Long term medication will be administered as instructed by either the parents or school nurse/G.P/ Consultant. This will be kept with the Health Care Plan in the medical room. (A copy is kept in the office and by the class teacher).

Records will also be kept of any child being given medication which is additional to their usual medication (this must be prescribed medication by a doctor) along with the consent form, including the parental permission form for administering Calpol.

A list will be kept in the Medical File office of individual medication and dosage. (DfE Template C) and a record of medicine administered to all children (DfE Template D)

9. Emergency Procedures

Where a child has an Individual Healthcare 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 pupils 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 the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In case of emergency dial 999 and refer to the DfE Template F: contacting emergency services which is kept in the school office. (Also refer to the Policy Managing Emergencies in School).

10. School Visits

Teachers should be aware of how a child's medical condition will impact on their participation in educational visits and sporting activities but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on educational visit or sporting activities.

It is best practice and school practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Please also see Health and Safety Executive (HSE) guidance on school trips.

Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.

A list of emergency contact numbers should be taken, or contact details are available in the office.

If there is a particular concern, an additional adult should accompany the visit in order to look after the child. (This could be the parent).

11. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
2. Assume that every child with the same condition requires the same treatment.

3. Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
4. 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 Healthcare Plans.
5. If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
6. Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
8. Require parents, 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.
9. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

12. Insurance

The governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions.

13. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

14. Staff with Medical Needs

Employees are not obliged to disclose medical conditions or disabilities to their employer; however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.

If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.

Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.

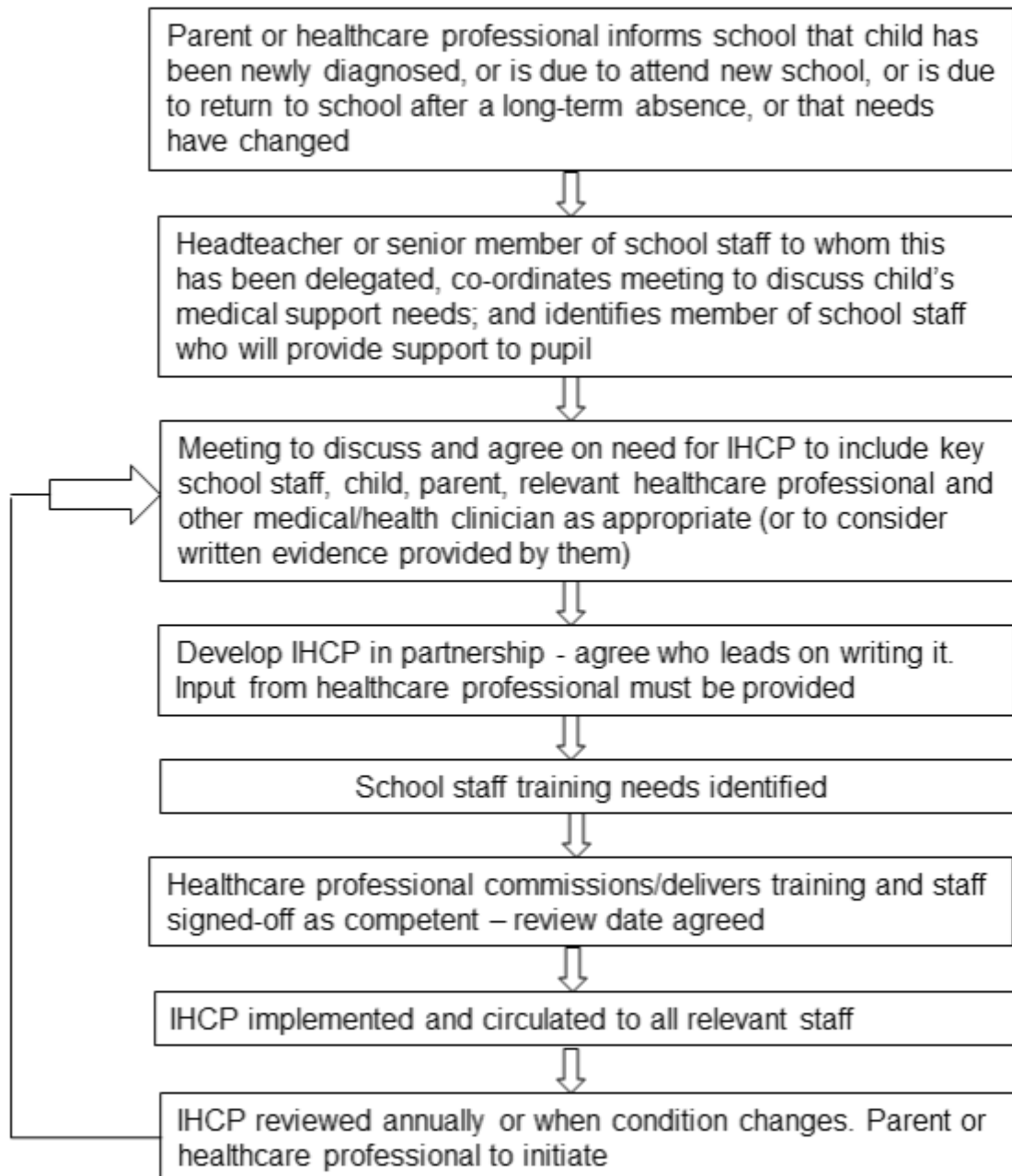
Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly

Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.

Medication (Prescribed and over the counter) for personal use by members of staff must be kept secure and locked away in lockable cupboards in class or lockers in the staff room and not be left in the classroom or any place where pupils could gain access to them.

Appendix 1

Process for developing Individual Healthcare Plans



Template A

Hoddlesden St. Paul's CE Primary School - Individual Healthcare Plan

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

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Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

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Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

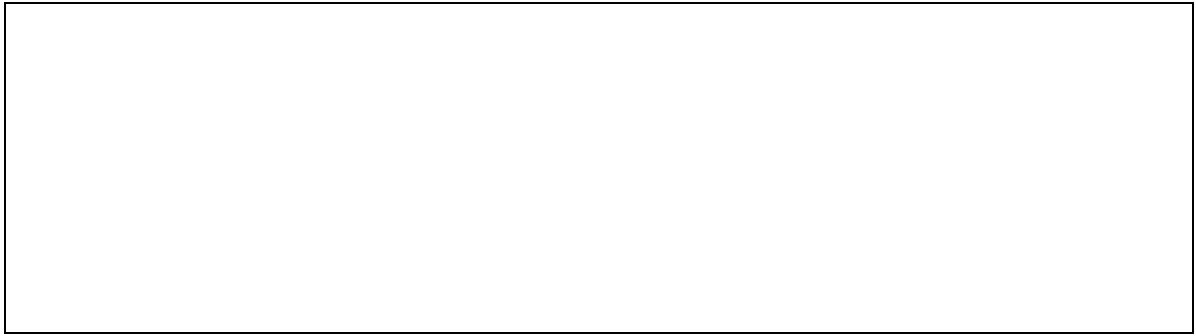
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1) Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

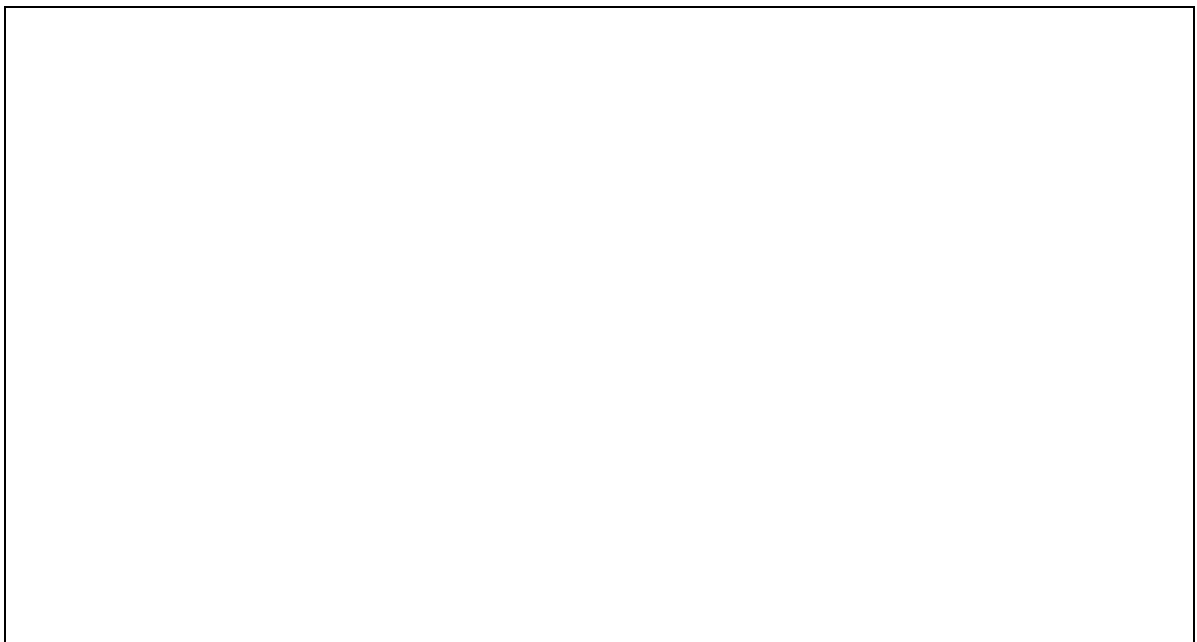
2) Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

3) Daily care requirements

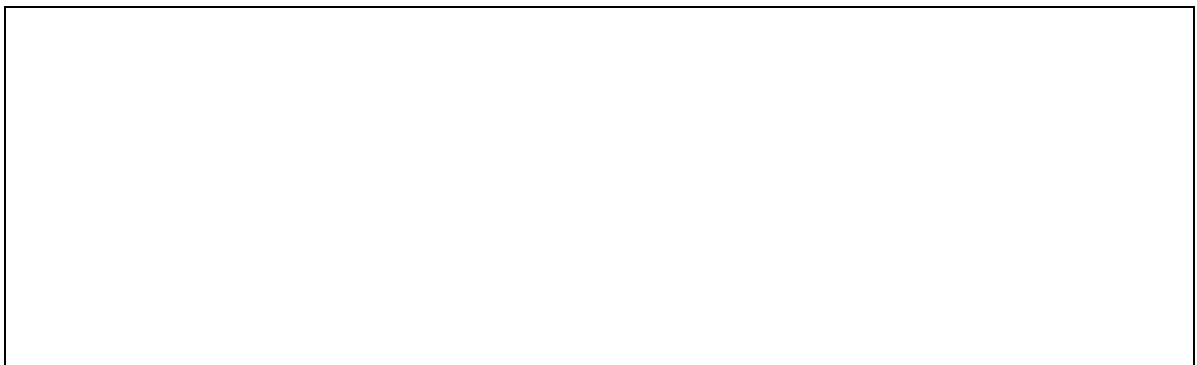
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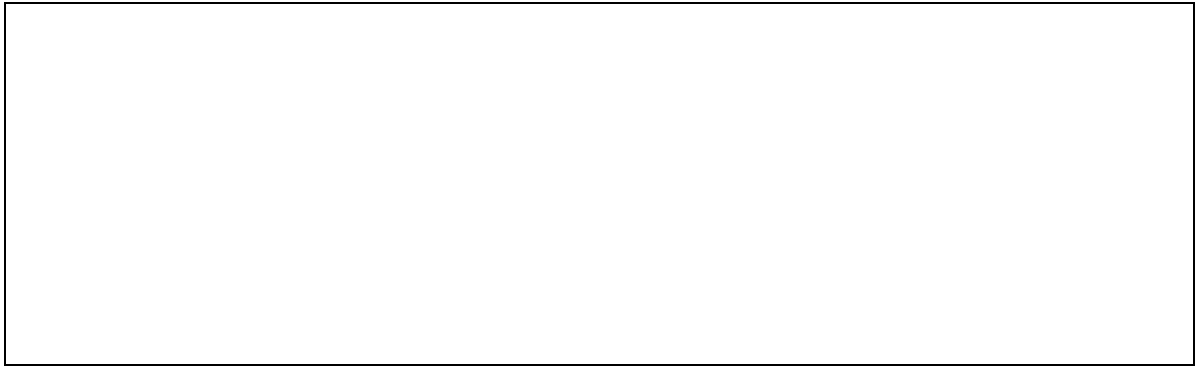
4) Specific support for the pupil's educational, social and emotional needs



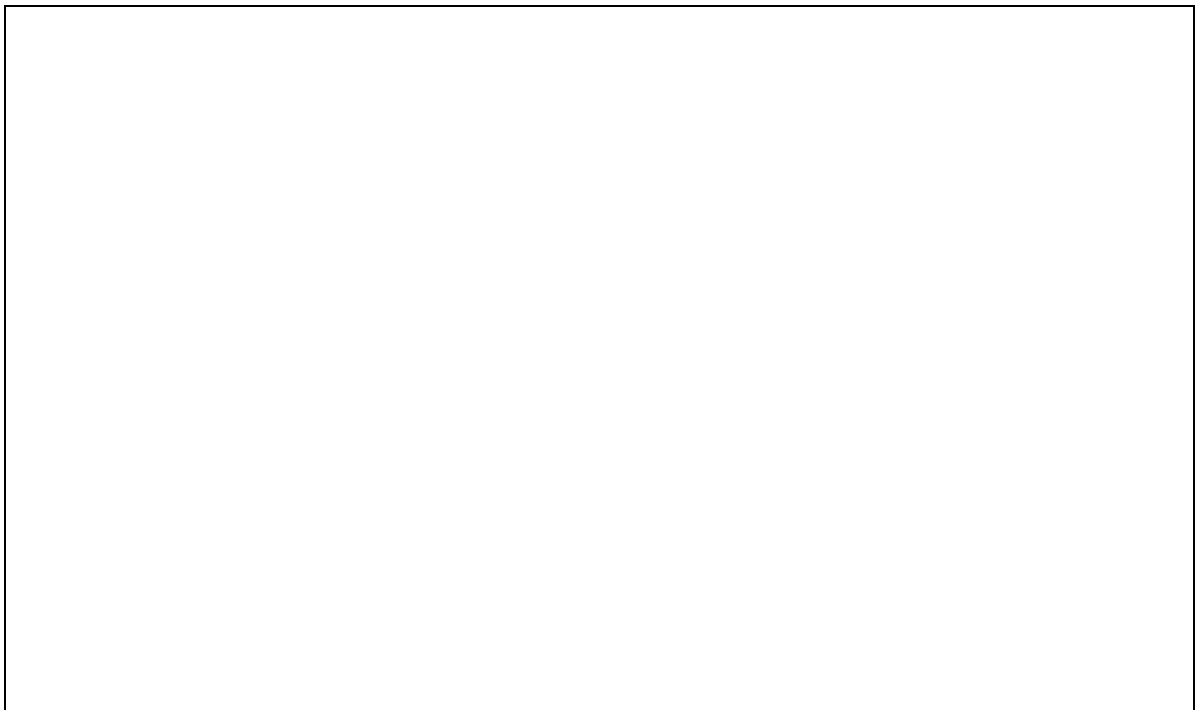
5) Arrangements for school visits/trips etc.



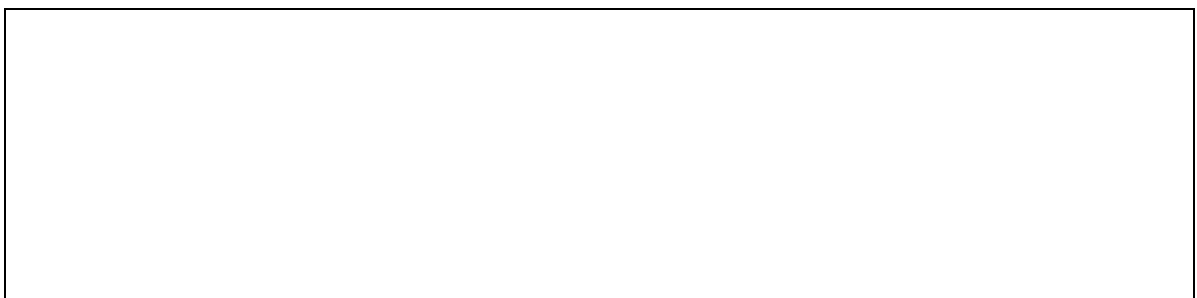
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6) Other information



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



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

9) Plan developed with

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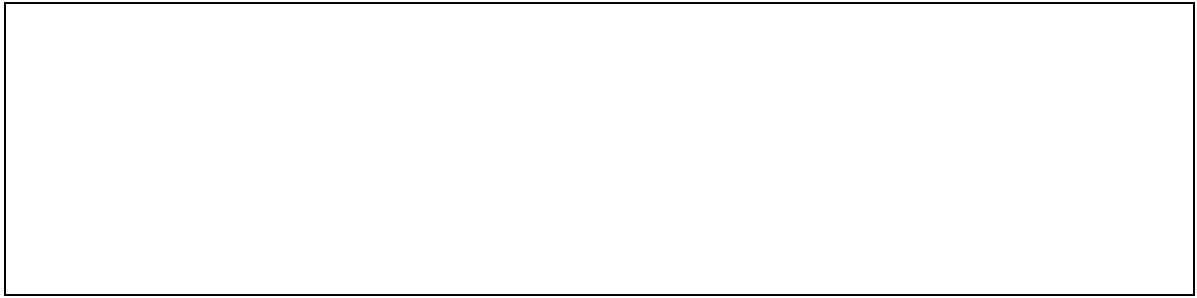
10) Staff training needed – who, what, when

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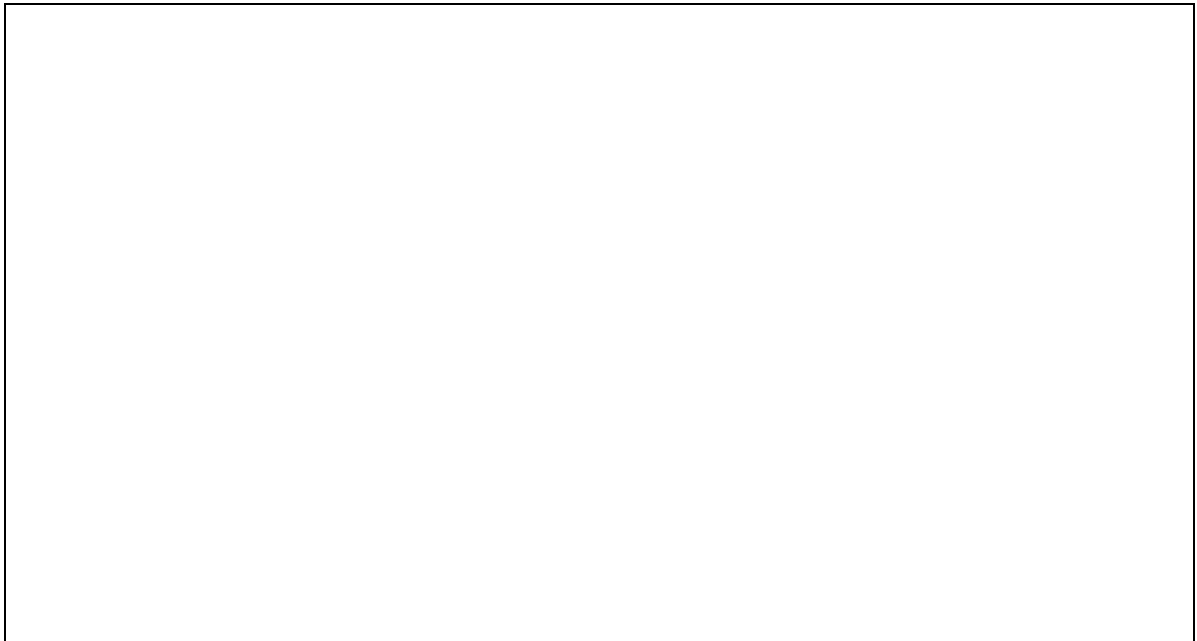
11) Staff training undertaken – who, what, when

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A large, empty rectangular box with a thin black border, intended for a drawing or image.

12) Form copied to

A large, empty rectangular box with a thin black border, intended for a drawing or image.

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Appendix 2

Individual Healthcare Plans

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 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;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements.

Template B

Parental Agreement to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Hoddlesden St. Paul's CEP

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

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--

NB: Medicines must be in the original container as dispensed by the pharmacy and with a medical measuring spoon.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

[agreed member of staff]

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

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.

Name(s) _____

Signature(s) _____

Date _____

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Template C

Record of Medicine Administered to an Individual Child

Name of school/setting

Hoddlesden St. Paul's CEP

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

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Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

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Template D

Record of Medicine Administered to all children

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Template E

Staff Training Record – Administration of Medicines

Name of school/setting

Hoddlesden St. Paul's CEP

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainers name _____

Trainer's signature _____

Date _____

Suggested review date _____

I confirm that I have received the training detailed above.

Staff name _____

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Staff signature

Date

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Template F

Contacting Emergency Services

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.

1. Your telephone number (**01254 701940**)

2. Your name.

3. Your location as follows:

(St. Paul's CE Primary School, Bayne Street, Hoddlesden)

4. State what the postcode is (**BB3 3NH**)

5. Provide the exact location of the patient within the school setting.

6. Provide the name of the child.

7. Provide a brief description of their symptoms.

8. Inform Ambulance Control of the best entrance to use / where they will be met.

9. Take a copy of the pupil data sheet from the files in the office cupboard.

Template G

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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 Individual Healthcare Plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional 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 Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans 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 individual health care plan has been scheduled for xx/xx/xx.

I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve [the following people].

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 Individual Healthcare Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

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Record of Administration of Medication for Asthma

Pupil name.....

Academic Year.....

Name of Medication.....

Expiry date.....

Date	No of puffs given	At parent or pupil request?	Given by

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