



# **Policy for Supporting Pupils at School with Medical Conditions**

Approved by:      Governors

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## Policy Consultation & Review

This policy is available on the school website and is available on request from the school office. We also inform parents and carers about this policy when their children join our school and through our school newsletter.



## 7. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The West Norfolk Academies Trust will implement the policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

This policy meets the school's statutory requirements under section 100 of the [Children and Families Act 2014](#) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance [Supporting pupils at school with medical conditions](#).

## 8. Roles & Responsibilities

### 2.1 The Governing Board

The Governing Board 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. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### 2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCP or organisations.

## **2.3 Parents**

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. 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.

Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings.

## **2.4 Pupils**

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. Other pupils will often be sensitive to the needs of those with medical conditions.

## **2.5 School 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. Although administering medicines is not part of teachers' professional duties, 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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

## **8.6 Norfolk HCP team**

The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk). Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs.

Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs.

The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: [www.justonenorfolk.nhs.uk/our-services](http://www.justonenorfolk.nhs.uk/our-services)

## **2.7 Other Healthcare Professionals**

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **9. Staff Training & Support**

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

There will be a trained first aider on site every day. A trained first aider will accompany every school trip. The training of a first aider will be adequate training for the trip. This will be renewed regularly in compliance with length of course taken and recommendation from training authority. Currently the West Norfolk Academies Trust commissions its first aid training with a number of different providers.

This should include references to staff training on:

- the development or review of individual healthcare plans [IHPs]
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy
- relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs
- Training for specific conditions may be available via external websites for example: [www.asthma.org.uk](http://www.asthma.org.uk) [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) [www.epilepsy.org.uk](http://www.epilepsy.org.uk)  
[To discuss sources for training for specific health conditions contact](#) the Just One Number (0300 300 0123) and consult the Just One Norfolk website. This has a specific section with information and resources relating to [mental health support](#)
- Training for mental health champions and senior leadership training detailing implementing whole school approach policies and procedures can be found via The Link Programme at [www.ormiston.org](http://www.ormiston.org) and is free to access
- Awareness of other relevant NCC policies including those for pupils with complex medical care needs/intimate care needs

## **10. Managing Medicine on School Premises**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

### **4.1 Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use.

All other controlled drugs are kept in a secure LOCKED cupboard in the attendance office in C block and only pastoral staff will have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept in the attendance office medical cabinet.

## **11. Record Keeping**

Governing bodies will ensure that written records are kept of all medicines administered to children – including medication refusals or errors.

## **12. Pregnant pupils and school age parents**

Norfolk County Council Medical Needs Service has developed guidance to help schools support pregnant pupils and school age parents. The policy provides links to national guidance and services within Norfolk which can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil safe and ideally, remaining in education. The [Pregnant pupils policy for schools](#) can be accessed via the Medical Needs Service webpage. There is also a template School Care Plan for schools to use to document and review information and support agreed.

## **13. Individual Healthcare Plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Pastoral team supported by the SEND team. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or

disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person, they may provide written guidance or information.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher, Mrs A Gibbins and deputy headteacher (Sarah Robinson) with responsibility for developing IHPs (supported by the SENDCo/Deputy SENDCo as appropriate), will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- 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 pupil can participate, e.g. risk assessments. Please consider large or split school sites
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency (including medication administration errors), including who to contact, and contingency arrangements



## **14. Emergency Procedures**

Where a child has an IHP, this will 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 will be informed of 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, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

On day Trips, Residential Visits and Sporting Activities; pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

We endeavour to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available. For example, for any day or residential trips we will make sure students always have their medication with them or a member of staff has their medication. On a day-to-day basis at school emergency medication is kept in the main school office in a secure first aid cabinet.

Example templates for managing medication, IHP's and contacting emergency services are included in [Supporting pupils at school with medical conditions](#).

## **15. Equal Opportunities**

The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. The school acknowledges the [Equalities Act 2010 and schools](#) and works proactively to support all its pupils.

## **16. Unacceptable Practice:**

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare 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; or ignore medical evidence or opinion (although this may be challenged)

- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks as outlined in their plan to manage their medical condition effectively
- 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, unless expressly requested by the student or parent. No parent should have to give up working because the school is failing to support their child's medical needs
- 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
- no child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- the school has clear arrangements in which non-prescription medicines may be administered
- children under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
- where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours
- schools will only accept prescribed medicines if these 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
- all medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. 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
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise 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

- school 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. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school
- self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines

## **17. Attendance**

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to [code this absence appropriately](#).

If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk) to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the [NCC Medical Needs Service](#) for advice and support.

## **18. Liability & Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies. West Norfolk Academies Trust is a member of the Department for Education's Risk Protection Arrangement (RPA).

## **19. Complaints**

If parents or pupils are dissatisfied with the support provided, they should discuss their concerns directly with the school in the first instance. If for any reason this does not resolve the issue, they may make a formal complaint using the school's complaints procedure.

## **20. Further sources of information:**

Supporting pupils with medical conditions at school. Updated 16 August 2017:  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Statutory guidance - Supporting pupils with medical conditions: links to other useful resources. Updated 16 August 2017:  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Guidance - Emergency asthma inhalers for use in schools. 4 September 2014:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

Using emergency adrenaline auto-injectors in schools. 20 September 2017:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Intimate care:  
<https://www.schools.norfolk.gov.uk/pupil-needs/health-needs/intimate-care-guidance>

Templates - Supporting pupils with medical conditions. May 2014  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349437/Supporting\\_pupils\\_with\\_medical\\_conditions\\_-\\_templates.docx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx)

Statutory guidance - Ensuring a good education for children who cannot attend school because of health needs. 17 May 2013:  
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

## **Appendix 1: Administering paracetamol in the school setting**

Smithdon High School keeps its own stock of paracetamol tablets or suspension fluid. This reduces the risk of students carrying medicines and avoids confusion over what may and may not be administered. Children should not bring paracetamol to school to self-administer.

Paracetamol must be stored securely as all the medicines are stored and should not be kept in first-aid boxes.

Staff administering medication should be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error.

When a child is given medicine, a written record of it must be kept. This can be done on CPOMS and on the record in medicine cabinet in the attendance block.

### **The record must include:**

- The name of the medicine
- The dose given, and how (tablet/ liquid)
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the child may have been given a dose of paracetamol before coming to school.

Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in 24 hours. Always ask the child what other medication they take and what has been taken recently before doing anything.

If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

### **Before giving the child paracetamol:**

1. The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent received from the parent on the day if written consent has not been provided.
3. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

### **Administering paracetamol:**

- 1.The staff administering should ensure that parents have first authorised the school, to provide paracetamol occasionally to children.
- 2.Children can only be given one dose of paracetamol every four hours. If this does not relieve the pain, contact the parent or the emergency contact. The member of staff responsible for giving medicines must witness the child taking the paracetamol and make a record of it.
- 3.Staff should stick the administered paracetamol label in the student's planner on the day, stating the date and time and the amount of the dose.
- 4.The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.
- 5.The name of the child, the date, time, dose and reason should be recorded in a log kept with the paracetamol store. Any frequently recurring need must be reported directly to parents.

**Note:**

Paracetamol must be kept in a secure place and not in first-aid boxes. It must not be given:

- Following head injury
- Where a child is already on some of the medication
- Where a child has taken paracetamol containing medicine within four hours

Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

**Dosage:**

Please follow manufacturer's guidance on the bottle or packet of paracetamol.

Please be aware that if the child looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Age 11 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Age 12 to 15 years - 480 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Age 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

**After giving the child paracetamol:**

Send the child back to their class and make a note in SIMS quick notes and on CPOMS to ensure that teachers are aware the child has had a dose of paracetamol.

## Appendix 2: Templates

Template A: individual healthcare plan

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to an individual child

Template D: record of medicine administered to all children

Template E: staff training record – administration of medicines

Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development

## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

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 supervision



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

Form copied to

## Template B: parental agreement for setting 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


### 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


**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 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.

Signature(s)

Date

## Template C: record of medicine administered to an individual child

Name of school/setting	
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						
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

--	--	--

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


**Template D: record of medicine administered to all children**

Name of school/setting

Dare	Child's name	Time	Name of medicine	Dose	Any reactions	Signature of staff	Print name

## Template E: staff training record – administration of medicines

Name of school/setting

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].

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

## 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
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Template G: model 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