



Supporting Children With Medical Conditions Policy 2026 – 2027

Due for next review: summer 2027

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Statement of intent

The Trustee Board of Woodside School has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

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

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

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

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

1. Legal framework

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

- DfE 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting children at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Policy
- Equality, Equity, Diversity and Inclusion Policy
- Attendance Policy
- Children with Additional Health Needs Attendance Policy
- Admissions Policy

2. Roles and responsibilities

The Trustee Board will be responsible for:

- Reviewing this policy alongside the Headteacher.
- Ensuring that this policy is readily accessible to parents, carers and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents, carers and children in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective children are denied admission to the school because arrangements for their medical conditions have not been made.

- Ensuring that children's health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting children at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Headteacher will be responsible for:

- Reviewing this policy alongside the Trustee Board.
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nursing team where a pupil with a medical condition requires support that has not yet been identified.

Parents/carers will be responsible for:

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

Children will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of children with medical conditions.

School staff will be responsible for:

- Providing support to children with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

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

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

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

The LA will be responsible for:

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

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

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

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

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the relevant healthcare professional will inform the Headteacher/SEND Lead. Following this, the school will arrange a meeting with parents/carers, healthcare professionals and the pupil (if appropriate), with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to children. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents.

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

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by senior leaders and in collaboration with the school nursing team/other relevant professional through the development and review of IHPs, on a **termly** basis for all school staff, and when a new staff member arrives. The relevant medical professional will confirm the proficiency of staff in performing medical procedures or providing medication. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

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

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

Whole-school awareness training will be carried out as necessary for all staff, and included in the induction of new staff members.

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

Training will be commissioned by the Headteacher/Deputy Headteacher/Operations Manager and provided by the following bodies:

- **Commercial training provider**
- **The school nurse**

- **GP consultant**
- **The parents of children with medical conditions**

The parents of children with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The Trustee Board will provide details of further CPD opportunities for staff regarding supporting children with medical conditions.

Supply teachers will be:

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

6. Self-management

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

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

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

7. Individual healthcare plans

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

The school, parents/carers and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication

- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

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

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

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

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

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

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

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

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

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

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

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

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

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

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

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the school office and their use will be recorded. Inhalers will be used in line with the child's asthma care plan.

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

Non-prescription medicines

Woodside School is aware that children may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents/carers to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Children and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended

for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.

- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

Woodside School is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

Woodside School will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol/calpol to children.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

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

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

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

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

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

Children who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For children under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the **school office**.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a **two-way radio**. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

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

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

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

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

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

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

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

In the event of a school trip, children at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

10. Record keeping

Written records will be kept of all medicines administered to children. Proper record keeping will protect both staff and children, and provide evidence that agreed procedures have been followed. **Appropriate** forms for record keeping can be found in Appendix D and Appendix E.

11. Emergency procedures

Where an IHP is in place, it should detail:

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

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

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting children with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems. Only staff with business insurance should do this unless the Headteacher gives permission due to the urgent nature of the situation.

12. Day trips, residential visits and sporting activities

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

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

13. Unacceptable practice

Woodside School will not:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to children participating in school life, including school trips.

- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The Trustee Board will ensure that appropriate insurance is in place to cover staff providing support to children with medical conditions.

The school holds an insurance policy with DfE covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policy. This is displayed on the Health & Safety Board in the main staff room.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15. Complaints

Parents or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

16. Home-to-school transport

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

17. Defibrillators

The school has an automated external defibrillator (AED). The AED is stored in the main reception area.

All staff members and children will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually** by the Facilities Manager.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

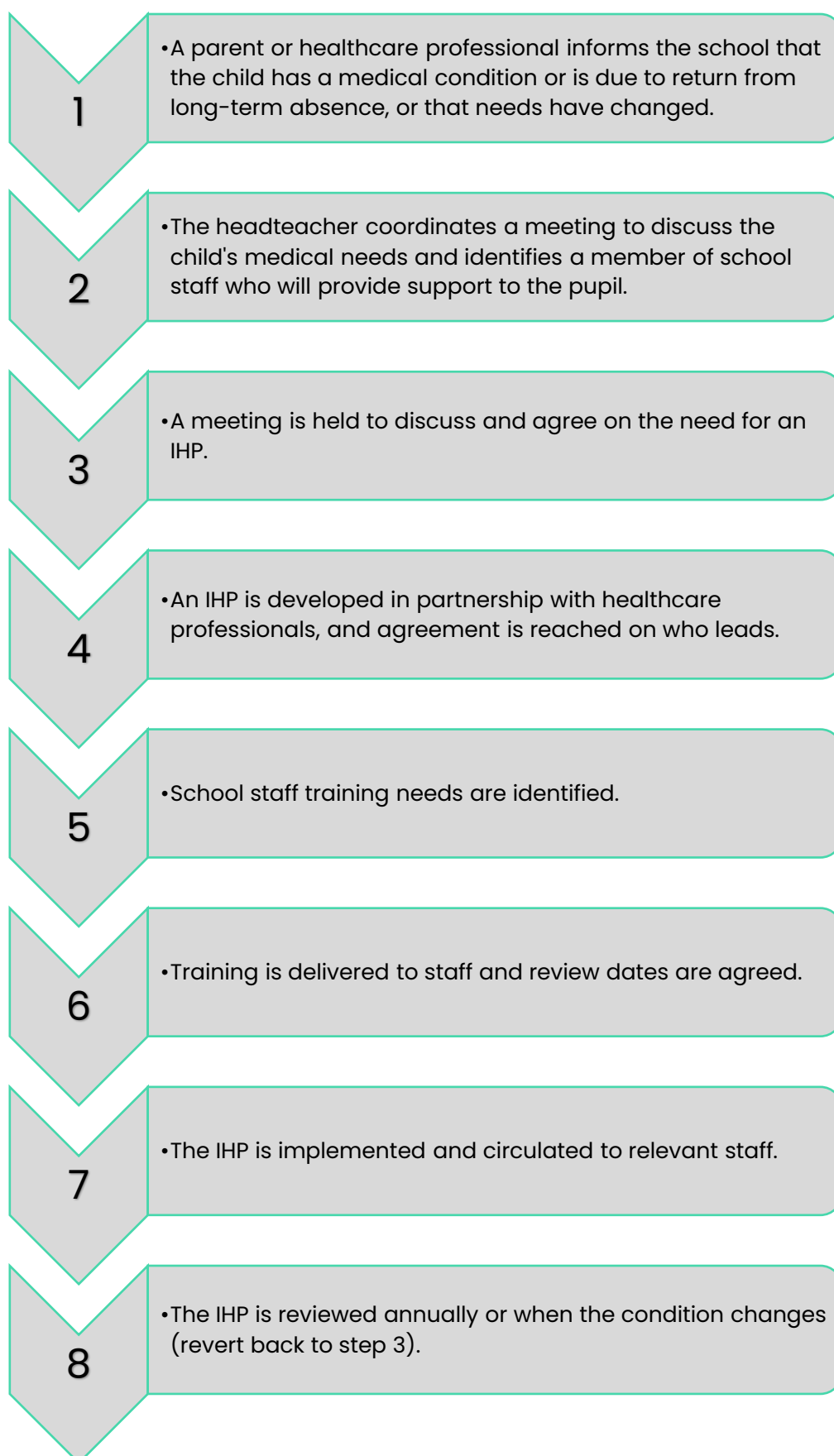
Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

Maintenance checks will be undertaken on AEDs on a half termly basis by the Facilities Manager, who will also keep an up-to-date record of all checks and maintenance work.

18. Monitoring and review

This policy is reviewed on an annual basis by the Trustee Board and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

APPENDIX A: Individual Healthcare Plan Implementation Procedure



APPENDIX B: Individual Healthcare Plan

Pupil's details

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

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips
Other information

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

Responsible person in an emergency, state if different for off-site activities

Plan developed with

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

APPENDIX C: Parental Agreement for the School to Administer Medicine

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

Administration of medication form

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

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

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

Contact details

Name	
Telephone number	
Relationship to pupil	

Address	
I will personally deliver the medicine to	<u>Name and position of staff member</u>

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

Signature _____ Date _____

APPENDIX D: Record of Medicine Administered to an Individual Pupil

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

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Add more tables as necessary

APPENDIX E: Record of All Medicine Administered to Children

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

APPENDIX F: Incident Reporting Form

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