Ladygrove Primary School and Nursery

Supporting Pupils with Medical Conditions Policy

November 2026

To be reviewed November 2027

Introduction

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at our School so that they can play a full and active role in School life, remain healthy and achieve their academic potential.

Parents of children with medical conditions may be concerned about their child's health while they are at school. Pupils with long-term or complex medical conditions may require ongoing support, medicines or care to help them manage their condition and remain well, while others may require monitoring or emergency interventions. Children's health needs may also change over time in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that the school will provide effective support and that pupils feel safe. When making decisions about this support, the school will work with relevant local health services, fully consider advice from healthcare professionals, and listen to and value the views of parents and pupils. This policy should be read in conjunction with the school's Allergen and Anaphylaxis Policy.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into the school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the school will comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a 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 School's SEND policy and SEND School Offer.

School Ethos

The school has a responsibility for the health and safety of pupils in its care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Ladygrove Primary School and Nursery is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

Section 100 of the Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions are entitled

to a full education and have the same rights of admission to the school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place at the school because arrangements for their medical conditions have not been made. However, in line with our safeguarding duties, the school must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, we do not have to accept a child at the school at times where it would be detrimental to the health of that child or others to do so.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, their classmates).

At Ladygrove Primary School and Nursery we will ensure that the arrangements that are in place are sufficient to meet our statutory responsibilities and will ensure that policies, plans and procedures and systems are properly and effectively implemented.

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure arrangements are in place to support pupils with medical conditions and in so doing ensure that such children can access and enjoy the same opportunities at the school as any other child.
- To take into account that many of the medical conditions that require support at the school will affect quality of life and may be life-threatening. Some will be more obvious than others. The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- To give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will 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.
- To ensure that School staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To consult with health and social care professions, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary and the monitoring of these.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.
- To put in place cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- To brief supply teachers.
- To put in place the necessary risk assessments for school visits, trips and other School activities outside of the normal timetable.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child
- Parents will supply the school with appropriately prescribed medication, where the dosage information and regime are clearly printed by a pharmacy on the container.
- Parents will ensure that medicines to be given into the school are in date and clearly labelled.
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual.
- Ladygrove Primary School and Nursery will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler).
- School staff will liaise as necessary with healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.
- Transitional arrangements between schools will be completed in such a way that Ladygrove Primary School and Nursery will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare.
- Individual Healthcare plans will be reviewed annually or when a condition changes. Parent/Carer or healthcare professional to initiate. This will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.
- The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a different of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

(a) **Short-term**, affecting their participation in School activities while they are on a course of medication
(b) **Long-term,** potentially limiting their access to education and requiring extra care and support

Medical Information

Children with a serious medical condition have their photos displayed in the staff room in a folder so all relevant staff are informed. All medical conditions will be noted on the Pupils record. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will also have an Individual Healthcare Plan a signed copy of this will be filed in the office and all adults dealing with the child will have their attention drawn to this information.

Individual Healthcare Plans

Mrs Laura Edenborough, Child & Family Support Worker/EWO/DSL and Mrs Charlie Bilton, SENCo are responsible for the development of the child's individual Healthcare Plan in supporting pupils with medical conditions. Individual healthcare plans 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. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Please see Appendix 1 for a flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan. Please refer to Appendix 2 for the School's Individual Healthcare Plan.

The individual healthcare plan is easily accessible to all who need to refer to them while preserving confidentiality. It captures 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. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of staff or a healthcare professional involved in providing care to the child. Plans will 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 advice on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim will be to capture the steps which the 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. Ladygrove Primary School and Nurser ensures that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind, and the school ensures that they assess and manage risks to the child's education, health and social wellbeing, and minimise disruption**.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will 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), the school will 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.

When deciding what information should be recorded on individual healthcare plans, the school will 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 at the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents 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; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend to an appreciable extent on working co-operatively 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. Some of the most important roles and responsibilities are listed below:

Governors – will make sure arrangements are in place to support pupils with medical conditions at the school, including making sure that a policy for supporting pupils with medical conditions at the school is developed and implemented**.** They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of School life. The Governors will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions**.** They will also ensure that any members of School staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher/Child & Family Support Worker/EWO/DSL will ensure that the 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. Laura Edenborough will ensure that all staff who need to know are aware of the child's condition. They will also 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. The Child & Family

Support Worker supported by the Headteacher will have overall responsibility for the development of individual healthcare plans. They will also make sure that School staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at the school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of the school's staff may be asked to provide support to pupils with medical conditions. School staff will 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. A list of trained first aiders is displayed around school.

School Nurse – the school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support at the school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. The school nurse can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for the school in seeking advice and support in relation to children with a medical condition.

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 the school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support at the school for children with conditions (e.g. asthma, diabetes, epilepsy).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They will 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.

Parents/Carers– should 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 always contactable.

Local Authority – Under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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 wellbeing of children regarding 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Staff Training and Support

Any member of the school's staff providing support to a pupil with medical needs will have received suitable training. This will have been 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 will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school may choose to arrange training themselves and will 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 healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The family of a child will often be key in providing relevant information to School staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice but will not be the sole trainer.

Whole school awareness training will be conducted through professional development staff meetings.

Trained Staff
Please see Health and Safety Policy for the list of Qualified First-Aiders at the School.

The Child's Role in Managing their own Medical Needs
After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, children will 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 will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will 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.

Managing Medicines / Administration of Medicines on the School Premises
The following procedures will be followed at the school:

- Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription medicine 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 should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- Where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will 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
- All medicines will be stored safely, either in the locked medicine cabinet around school or locked first aid cupboard fridge. Children know to come to the office to have their medicine. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important when outside of School premises, e.g. on school trips.
- 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. The school will keep controlled drugs that have been prescribed for a pupil

securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held at the school.

- 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. The school will 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 the school will be noted
- 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.
- Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Record Keeping

The school will ensure that written records are kept of all medicines administered to children folder is kept in the school office. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at the school.

Emergency Procedures

In a medical emergency, a number of staff have been appropriately trained to administer emergency paediatric first aid if necessary, see appendix 3.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Day Trips, Residential Visits and Sporting Activities

The school will actively support pupils with medical conditions, so they are able to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but hopefully there will be enough flexibility for all children to participate according to their own abilities and with some reasonable adjustments, unless evidence from a clinician, such as GP, states that this is not possible. We will provide additional adult support, increased staff to pupil ratio and adult training for specific medical conditions and a separate rick assessment.

The school will consider what reasonable adjustments have to be made to enable children with medical needs to participate fully and safely on visits. If necessary, we will 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.

Unacceptable Practice

While School staff will use their professional discretion and judge each case on its merits in supporting individual pupils with medical conditions (referring 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 every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers, or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, send them to the Health Co-ordinator / First Aid office 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 children from drinking, eating, or taking toilet or other breaks whenever they need to order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend the school to administer medicine or provide medical support to their child, including with toilet issues. No parent should have to give up working because the school is failing to support their child's medical needs, or
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of School life, including school trips, by requiring parents to accompany the child.

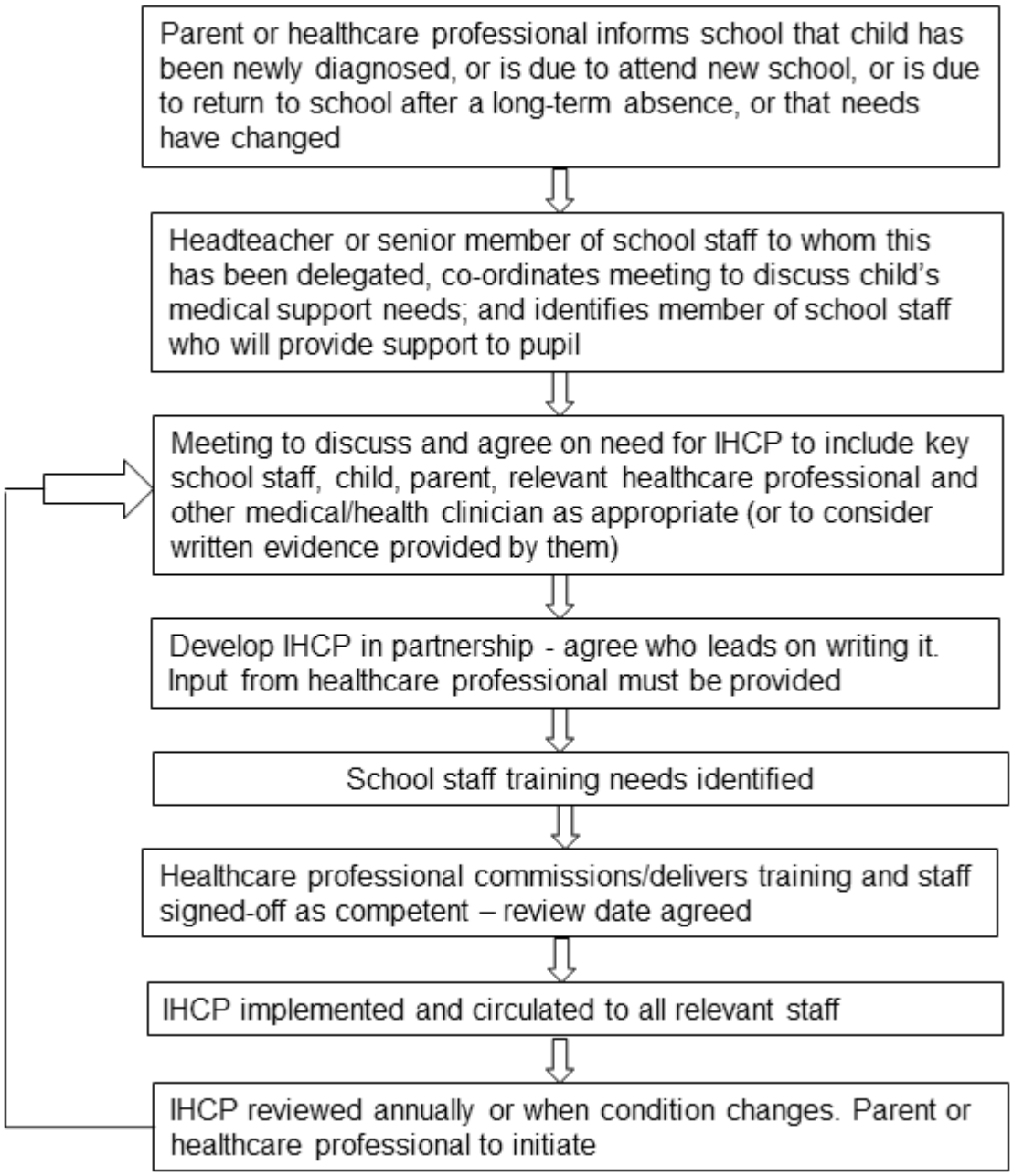
Liability and Indemnity

The Governing Body of Ladygrove Primary School and Nursery ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See the School Business Manager, for a copy of the insurance policy.

Complaints

Should parents or pupils be dissatisfied with the support provided by the school, they should discuss their concerns directly with the school. This will be with the child's teacher in the first instance, with whom any issues should be managed. If for whatever reason this does not resolve the issue, the problem should be brought to the attention of a member of Senior Leadership Team who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the School's Complaints Procedure.

Process for developing individual healthcare plans at Ladygrove Primary School and Nursery



Ladygrove Primary School and Nursery Individual Healthcare Plan

Appendix 2

Child's name	
Mentor Group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name 1	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name 2	
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 (such as any special education needs)

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

Appendix 2a

Telford & Wrekin COUNCIL

Form MED1
School: Ladygrove Primary School

Address: Old Office Road, Dawley, Telford, TF4 2LF

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF PUPIL (*Capitals please*)						
Name		M/F	Date of Birth	/ /	class/ form:	
Condition or illness (*eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc):*						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		
MEDICATION AND ADMINISTRATION						
Name of medication (*give full details given on the container label issued by the pharmacist)* Type of Medication (eg tablets, mixture, inhaler, Epipen, other (*please specify*)						
Date Dispensed:	Dosage and method:					
Times to be Taken in School:	Is precise timing critical? Yes/ No					
Time of last dosage?						
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: (eg before exercise, onset of asthma attack, onset of migraine etc)						
The medication needs to be administered by a member of staff				Yes	No	
My child is capable of administering the medication him/herself under the supervision of a member of staff				Yes	No	
I would like my child to keep his/her medication on him/ her for use as necessary				Yes	No	
The medication needs to be readily accessible in case of emergency				Yes	No	
ADDITIONAL INFORMATION						
Precautions or Side Effects:						
What to do in an emergency:						

Please read the notes on the reverse of this form carefully* If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.*)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer..... **Date:.....**

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.

2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.

3. The school will not agree to administer any medication in school without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).

5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.

6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.

8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.

9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.

10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.

12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.

13. You may find it necessary to seek your Doctor's help in completing this form.

Appendix 2B: 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			

B: Record of medicine administered to an individual child (Continued)

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			

Appendix 2C: record of medicine administered to all children

Name of school/setting	

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

Appendix 2D: 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 _____

Appendix 2 E : 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

Appendix 2 F : 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 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

Policy- Document Status			
Date of Policy Creation	**August 2021 reviewed every two years. Revised annually**	**Named Responsibility**	Joanne Weichlbauer
Date of review completion	**November 2026**	**Named Responsibility**	Pupils, Staff, Parents and Governors
Inception of new Policy	**November 2026**	**Named Responsibility**	Laura Edenborough and Kirsty Stewart
Date of Policy Adoption by Governing Body		**January 2027**	