



**The Rivers**  
C.of E. Academy Trust

# Supporting Pupils with Medical Conditions Policy

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## Strategy

The Rivers CofE Academy Trust's strategy underpins all aspects of this policy and the way in which it will be applied. These elements are:

Our vision: Extraordinary Education, Extraordinary People, Extraordinary Futures

Our values: Sharing, Trust, Achievement, Respect, Safety

One of our commitments: Strong Governance and Accountability

## Aims of this Policy

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This document sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

The Trust recognises that some children with medical conditions may also be considered disabled under the Equality Act 2010. Reasonable adjustments will be made to ensure full inclusion in all school activities.

The Trust recognises that medical conditions may include physical and mental health needs. Pupils with mental health conditions requiring medication or care will be supported with the same commitment and procedures as those with physical conditions.

This policy should be read in conjunction with the First Aid and the Administration of Medicines Policy to ensure consistency with school procedures and statutory requirements.

This policy is underpinned by Keeping Children Safe in Education 2025 and should be read in conjunction with the Trust's Safeguarding Policy. All staff involved in supporting pupils with medical conditions must remain vigilant to signs of abuse or neglect. Where any safeguarding concern arises during the provision of medical support, staff must immediately report this to the Designated Safeguarding Lead (DSL) or deputy DSL following the Trust's safeguarding procedures.

This policy will be reviewed annually or earlier if there are changes in legislation, guidance, or practice.

## Intended Audience

The protocol applies to all staff employed by the educational establishments which form part of The Rivers CofE Academy Trust as well as members of the governance team, trust central team, members, directors and any consultants undertaking work on behalf of the trust.

## Lawful Data Sharing and Confidentiality

All personal data relating to a child's medical condition will be processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

The school recognises the importance of handling confidential information with sensitivity and respect, ensuring the dignity of the child and their family is upheld at all times. Where an Individual Healthcare Plan (IHCP) is in place, it will be regularly reviewed and re-briefed with key staff. The school will also ensure that new staff are made aware of any relevant medical needs and that appropriate information is transferred during periods of transition.

While the school respects the principle that families determine what information they wish to share, there are occasions where the school has a legal duty to seek input from external professionals to ensure that a child's medical, emotional, or learning needs are fully understood and supported. These responsibilities are underpinned by statutory guidance, including *Working Together to Safeguard Children*, *Keeping Children Safe in Education*, and *Supporting Pupils at School with Medical Conditions* (DfE, 2015), all of which promote collaboration with healthcare and safeguarding professionals.

In accordance with UK GDPR and the Data Protection Act 2018, the lawful basis for processing personal data in these circumstances is Public Task (Article 6(1)(e))—where processing is necessary for the performance of a task carried out in the public interest or the exercise of official authority.

Where the data involves special category (health) data, the Article 9 lawful basis is Substantial Public Interest, with the relevant condition being the safeguarding of children and individuals at risk. Schools are therefore permitted to receive and share relevant information with healthcare and safeguarding professionals, without requiring consent, when it is necessary to plan for a child's care, protect their welfare, or meet statutory duties.

## Monitoring and Reviewing Individual Health Care Plans (IHCP)

IHCPs will be reviewed at least annually, or earlier if a child's needs change. Reviews will be carried out in consultation with parents/carers, relevant healthcare professionals, and school staff to ensure the plan remains appropriate and effective.

## Roles and responsibilities

The headteacher is responsible for:

1. Ensuring all staff are aware of this protocol on supporting pupils with medical conditions and understand their role in its implementation and follow the correct procedures.

2. Designating a named individual/s who is responsible for effective implementation of this policy: Kate Rock and all trained first aiders at Unity Academy.
3. Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.
4. Ensuring all relevant staff are aware of an individual child's medical condition and needs.
5. Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all individual healthcare plans (IHCPs) and implement policy, including, for example, in contingency or emergency situations and management of staff absence.
6. Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs including transitional arrangements when children move between year groups or schools. For new starters, every effort will be made to have arrangements in place for the first day of term. (see Appendix 1).
7. Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
8. Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
9. Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
10. Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
11. Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
12. Ensuring a complaints procedure is in place and is accessible.
13. Ensuring the notification procedure is followed when information about a child's medical needs is received (Appendix 1).
14. Ensuring parents/carers provide full and up to date information about their

child's medical needs.

15. Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (**Template 2**), on a case-by-case basis, whether any medication or medical intervention will be administered, following consultation with staff.
16. Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention, on a case-by-case basis, whether any medication will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff.

## Staff Responsibilities

1. Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
2. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
3. Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

## Parents/Carers responsibilities

1. Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year.
2. Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (**Template 2**) to gain consent for medicines / medical interventions to be administered at school.
3. Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.
4. Carry out any action they have agreed to as part of the implementation of an IHCP.
5. Provide any medication in its original packaging, with the pharmacy label stating the following:
  - Child's name
  - Child's date of birth
  - Name of medicine
  - Frequency / time medication administered

- Dosage and method of administration
  - Special storage arrangements
6. Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.
  7. Collect and dispose of any medicines held in school at the end of each term or as agreed.
  8. Provide any equipment required to carry out a medical intervention e.g. catheter tubes.
  9. Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

## Pupil Information

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' (**Template 2**) form:

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / hospital and community consultants / other healthcare professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

The school will maintain the following in the pupil's confidential file (which can be stored in the pupil MIS):

- Notification form and/or correspondence
- Medical evidence received
- Individual Healthcare Plan (IHCP) and any amendments
- Updated entry on the school's medical needs register (kept in the administration of medicine folder)

## Managing Medicines

Administration of Medicines / Medical Interventions

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

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers: 'Parent/Carer Request and Agreement for School to Administer Medicines /Medical Interventions'. (**Template 2**)

The head will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines /Medical interventions' form.

The head will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention'.

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- Name of pupil
- Written instructions provided by the parents/carers (**on template 2**) or healthcare professional or as agreed in an IHCP
- Prescribed dose, if appropriate
- Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child'. (**Template 3 and 4**).

No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

## Refusing Medication / Medical Intervention

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet (**Template 3**). Reasons for refusal to take medication / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

## Storage of Medicines

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

## Controlled drugs

In The Rivers CofE Academy Trust, controlled drugs are always kept in a non-portable, locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP. **Template 2** must be completed when parents/carers initially give medication to school and updated as necessary.

Records of administration will be kept of any doses used and an inventory of the amount held. (**Template 7**) **Template 3** is not used in this instance.

## Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/ carers or described in the child's IHCP (**Templates 1 and 2**). School will keep a record of all medicines/ medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed
- Record of Administration to an Individual Child and Record of Medicine Administered to all Children

## Training

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through, for example, whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc. This is the Headteacher's responsibility.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the school's policy and practice on supporting pupils with medical condition(s).

Training will be sufficient to ensure staff are competent and have confidence in their ability. The school will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required, where appropriate. This will be stored on the Trust record of training on Every.

## Individual Health Care Plans (IHCP)

Where appropriate, an IHCP (**Template 1**) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- An overview (pen portrait / one page profile) of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning

opportunities.

- Arrangements around administration of medication(s) / medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
- Risk assessment for access to the school environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
- How, if agreed, the child is taking responsibility for their own health needs.
- Individual health care plans will be reviewed annually or sooner if needs change. The IHCP should be recorded using **Template 1**.

## Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in the First Aid and Administration of Medicine Policy.

## Off-Site and Extended School Activities

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs, the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to ['Health and Safety Executive \(HSE\) Guidance on School Trips'](#).

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens, school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## Managing Emergencies and Emergency Procedures

The head will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures. Where a child has an IHCP, this will clearly define what constitutes an emergency and describe what to do. This may include:

- An emergency medical protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
- A personal emergency evacuation plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergency services which is displayed in the appropriate places e.g. office, staff room etc. (**Template 5**)

Schools within the Trust hold an automated external defibrillator (AED) and emergency asthma inhalers for use in line with national guidance. Relevant staff will be trained in their use and the equipment will be registered with the British Heart Foundation.

## Complaints

In the first instance, parents/carers dissatisfied with the support provided should discuss their concerns directly with the headteacher / SENDCo.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing by following the school's complaints policy.

The Trust ensures that appropriate insurance cover is in place for all staff supporting pupils with medical conditions. This includes the administration of prescribed medicines and the undertaking of agreed healthcare procedures. Staff are covered under the Risk Protection Arrangement (RPA) provided by the Department for Education, which offers indemnity for actions carried out in the course of their duties,

provided statutory guidance is followed. Details of the cover, including its scope and limitations, are available on request. All staff are made aware of this cover during relevant training and induction.

## Unacceptable Practice

Unity Academy considers that the following constitute unacceptable practice:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and/or their parents/carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

## Version Control

Date	Section	Summary of Change
August 2025	Lawful Data Sharing and Confidentiality	Expanded section to include lawful basis under UK GDPR Articles 6(1)(e) and 9, outlining public task and substantial public interest for safeguarding.
August 2025	Monitoring and Reviewing Individual Health Care Plans	Clarified review process and annual review requirement; added consultation with parents, healthcare professionals, and staff.
August 2025	Roles and Responsibilities	Added detail on headteacher responsibilities including notification procedure (Appendix 1) and arrangements for new starters.

August 2025	Parents/Carers responsibilities	Clarified information provision requirements and responsibilities for providing/collecting medicines and equipment.
August 2025	Managing Medicines	Detailed administration procedures, refusal handling, storage of medicines, and record-keeping.
August 2025	Training	Specified training requirements, competency expectations, and record-keeping on Every system.
August 2025	Appendix 1 – Procedure Following Notification of a Pupil's Medical Needs	New appendix outlining step-by-step process from notification to review and transition planning, including template references.

## Appendix 1 – Procedure Following Notification of a Pupil's Medical Needs

This procedure must be followed whenever the school is notified that a pupil has a medical condition, whether during admission, mid-year, or as an update to existing information. It applies to all staff, including supply and volunteers, to ensure consistent, safe and compliant support. Template 1 should be used as documentation for the Individual Healthcare Plan (IHCP)

### **1. Receipt of Notification**

Notification may come from:

Parent/carer (via admission form or verbal/written update).

Healthcare professional (e.g. GP, school nurse, hospital consultant).

Local authority or previous school during transition.

All notifications must be immediately passed to the Headteacher and SENDCo (or named lead for medical needs).

### **2. Initial Review**

The Headteacher/SENDCo will:

Check whether the child currently has an Individual Healthcare Plan (IHCP) (Template 1) or if one is required.

Review the nature, complexity, and urgency of the condition.

Confirm if any interim support is needed before a full plan is developed.

If the child's needs are urgent, interim measures will be put in place the same day.

### **3. Parent/Carer Contact**

Contact the parent/carer within two school days to:

Acknowledge receipt of the information.

Arrange a meeting to discuss the condition and agree next steps.

Request any supporting medical evidence from relevant healthcare professionals.

### **4. Information Gathering**

The SENDCo (or medical lead) will:

Obtain and review medical advice (see section Lawful Data Sharing and Confidentiality), care protocols, and any training requirements from relevant professionals.

Identify any reasonable adjustments required to enable the pupil's full participation in school activities (in line with the Equality Act 2010).

Confirm if specialist equipment or resources will be needed.

### **5. Development or Update of IHCP**

If required, arrange an IHCP meeting within 2 weeks of notification.

Attendees will normally include:

Parent/carer.

Pupil (if appropriate).

Relevant school staff.

Healthcare professional(s).

The IHCP must include:

Medical condition details, signs/symptoms, triggers.

Daily care needs.

Emergency procedures.

Roles/responsibilities and training requirements.

Risk assessments for the school environment and trips.

IHCP signed by all relevant parties and stored securely (with copies provided to parent/carer). When inviting parents to contribute to IHCP development, use the model letter in Template 6.

## **6. Staff Briefing**

All relevant staff, including supply and volunteers, must be:

Briefed on the pupil's needs.

Informed of their specific responsibilities.

Given access to the IHCP.

Training delivered before the pupil's start date or as soon as possible if already on roll.

## **7. Record Keeping**

Maintain the following in the pupil's confidential file (this can be in the pupil MIS):

Notification form and/or correspondence.

Medical evidence received.

IHCP and any amendments.

Record of staff briefings and training.

Update the school's medical needs register (kept in the administration of medicine folder).

## **8. Review**

IHCP reviewed at least annually, or sooner if:

The pupil's needs change.

There is a medical emergency.

Parents/carers or healthcare professionals request an update.

## **9. Transition Planning**

For pupils moving between classes or schools:

Share relevant medical information and IHCP.

Ensure arrangements are in place for the first day in the new setting.

# Template 1 – Individual Health Care Plan (IHCP)

## Individual Health Care 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 2 - Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions

Parental agreement for school to administer medicines on school site and off-site activities. This record should be kept until the child's 25<sup>th</sup> birthday.

Name of Child			
Date of Birth		Class	
Medical condition or illness			
Emergency contact name			
Emergency contact telephone		Relationship to child	

Name/Type of medicine			
Date dispensed		Expiry Date	
Dosage and method		Time of dose	
Special precautions			
Are there any side effects the school should know about?			
Can the child self-administer?		Agreed review date	
Procedures to take in case of emergency			

**Consent for emergency inhaler:** (only complete if necessary)

In the event of my child displaying symptoms of asthma/having an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies. **Yes/No**

I confirm that:

- I understand that I must deliver the medicine personally to the school office.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any change in writing.
- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities.
- I agree to collect it at the end of the term and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy.
- The medication is in the original container labelled with the contents, dosage, child's full name and is in within its expiry date.
- I give consent, as part of the health and safety and GDPR regulations, for any specific emergency medicine my child might require to be displayed in the staff room for staff employed by the school to see.

Signed parent/carer .....Date.....

Quantity received	Date	Staff signature	Parent/Carer signature
Quantity returned	Date	Staff signature	Parent/Carer signature

## Template 3 – Record of administration of medicine

Record of medicine administered to an individual child as per details on reverse (to be completed by school)

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	



## Template 5 – Contact 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: Unity Academy, Hurcott Road, Kidderminster, Worcestershire, DY10 2QJ. Please note that postcodes for satellite navigation systems may differ from the postal code
4. Provide the exact location of the patient within the school setting
5. Provide the name of the child and a brief description of their symptoms
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. Put a completed copy of this form by the phone.

## Template 6 – Letter to Parents

Dear Parent/Carer,

### 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 with medical conditions at school 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: add names. 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 to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

## Template 6 – Letter to Parents

Dear Parent/Carer,

### 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 with medical conditions at school 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: add names. 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 to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

