



**Good Shepherd Trust**  
life in all its fullness

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# Supporting Pupils with Medical Conditions Policy and Procedures

<b>Date of Adoption</b>	<b>July 2020</b>
<b>Reviewed</b>	<b>March 2024</b>
<b>Date of Next Review</b>	<b>March 2027</b>

## Responsibilities, Locations and Support Services

Name of School:	Choose an item.
<b>Responsibility:</b>	<b>Staff Member:</b>
Development of IHCPs	
Identification and coordination of training	
Taking charge of medicines from parents	
Maintain the emergency inhaler kit	
Maintain the Emergency Adrenaline Kit	
Medicines support issues concerns	
Sharps box disposal (if appropriate)	

### Location of Medicines [Delete all rows not applicable to your setting]

Item	Location
Medicines Fridge	
Non-emergency medicines cabinet	
Staff store for inhalers	<b>Year group &amp; location:</b>
Other emergency medicines	
Sharps Box	
Controlled Drugs	
Emergency asthma kit (salbutamol inhaler if school keeps one)	
Register of asthma pupils who may need to access the emergency asthma kit	
Adrenaline auto-injectors (AAI) store for pupils	
Emergency AAI kit (AAI if school keeps one)	
Defibrillator	

### Healthcare Professional Support Services

Service	Contact Details
School Nurse Service	
Local GP	
Paediatricians	
Clinical Commissioning Group	
Local Authority Contact	
Other healthcare professionals	

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## Using this Policy

All text in **red** indicates a section that requires your attention, amend the text to reflect your setting and then either remove the red text or turn it back to black.

Text highlighted in **red**, or **pink** indicates sections that need to be chosen with the alternate deleted. The coloured highlight can then be removed. The policy should match the procedures and practices in your setting.

## Values

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Every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe:

- Everyone has something to offer
- Trust, honesty, empathy and social responsibility are the Christian values that frame our work
- We are here for the whole person, spiritually, morally, educationally and socially
- In working with transparency and openness

## 1 Definitions

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This is a Trust wide policy designed to cover all our schools.

For the purposes of this document a child, young person, pupil or student is referred to as a **'child'** or a **'pupil'** and they are normally under 18 years of age.

Wherever the term **'parent'** is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term **'school'** or **'setting'** is used this refers to our office and each of our academies and includes any wrap around care provided and delivered by that setting such as After School Clubs and Breakfast Clubs.

The term **'medical condition'** used in this context refers to, but is not limited to: a long term condition with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Throughout this document the following terminology is used to describe the roles within the Trust.

Role/Term	Alternatives, description and meaning
<b>Members</b>	Members appoint the Directors. Membership is described in the Trust's Articles of Association
<b>Directors</b>	Also 'the Trust board' or 'the board' The Trust Directors are accountable in law for all decisions about member schools and are accountable to the Secretary of State for Education for the performance of each school within the Trust.
<b>LGB</b>	Also 'Local Governing Bodies' or 'LGB Members' The local governing body is a standing committee of the Trust which has delegated powers to oversee the running of its individual school. The LGB may choose to delegate some of these powers to smaller committees or the Headteacher as it deems fit to fulfil its responsibilities. Where the document refers to the LGB this might be through some committees or further delegation but with the understanding that the ultimate responsibility remains with the LGB.
<b>CEO</b>	Chief Executive Officer A significant number of responsibilities under the scheme of delegation lie with the CEO. It is recognised that the CEO may choose to delegate

Role/Term	Alternatives, description and meaning
	some of their duties to the Chief Finance Officer and School Improvement Consultants and other staff in their team.
<b>Central Team</b>	Refers collectively to the: Business Manager, Finance Support Officers, School Improvement Consultants, Admin Support Officers and Development Officer Any other staff appropriate to the responsibility or task who work from the Trust's central administration office in Penrith rather than being based in a school.
<b>SLT</b>	Senior Leadership Team The Headteacher/Executive Headteacher, Head of School, Deputy Headteacher or other Senior staff member as appropriate to the individual school's senior leadership structure <b>'Headteacher'</b> in policies will usually refer to the Headteacher or Executive Headteacher as appropriate for the leadership structure of the school

## 2 Legislation and Guidance

This policy is based on:

- the statutory Department for Education (DfE) guidance document [Supporting pupils at school with medical conditions](#)
- Section 100 of the Children and Families Act 2014

It should be read in conjunction with the following legislation and policies:

- Equality Act 2010
- [Special Educational Needs and Disability: Code of Practice 0-25 Years](#)
- Health and Safety Policy and Procedures
- First Aid Policy and Procedures
- Equality Policy
- SEND policies and procedures

## 3 Statement of Intent

The Trust's Board of Directors have a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this document is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education, school sports and physical activity PESSPA) and achieve their academic potential.

Some pupils with medical conditions may be deemed disabled under the definition set out in the Equality Act 2010. Where this is the case, the Trust must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care Plan (EHCP) that brings together health and social care needs, as well as their special educational

provision. For children with SEND, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and each school's SEND Policy will ensure compliance with legal duties.

The Trust believes it is important that parents of pupils with medical conditions feel confident that their chosen school provides effective support for their child's medical condition, and that pupils feel safe in the school environment. There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

To ensure that the needs of pupils with medical conditions are fully understood and effectively supported across the Trust, our schools consult with health and social care professionals, pupils and their parents.

## 4 Organisation and Responsibilities

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### 4.1 Trust Board of Directors

The Board of Directors, and not any one person is legally responsible and accountable for fulfilling the statutory duty to plan effective arrangements to support pupils with medical conditions in schools, including the development and implementation of this policy.

The Board will ensure that pupils with medical conditions can access and enjoy the same opportunities as any other pupil. To monitor this across the Trust, they have delegated responsibility and duties as follows:

### 4.2 Chief Executive Officer

The Chief Executive Officer is the person with overall responsibility for policy development and implementation and reports on such matters to the Board of Directors.

### 4.3 Local Governing Bodies

The Local Governing Body will ensure:

- no pupil with a medical condition is denied admission or prevented from taking up a place at the school because arrangements to manage their medical condition have not been made
- that **no** pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease.
- There is effective cooperative working with the Local Authority, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Pupils are reintegrated effectively following long term, or frequent absence
- The focus is on the needs of each pupil and what support is required to enable them to access and enjoy the same opportunities as any other pupil

- Parents/carers and pupils are confident in the school's ability to provide effective support
- All members of staff are properly trained to provide the necessary support and can access information and other teaching materials as needed
- Policies, plans, procedures and systems are properly and effectively implemented

#### 4.4 Headteachers

Headteachers have overall responsibility for the development of Individual Healthcare Plans (IHCPs) and will implement arrangements to ensure that:

- this policy is effectively communicated and implemented with all stakeholders.
- all staff are aware of this policy and understand their role in its implementation.
- enough staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHCPs), including in emergency situations.
- consideration is given to recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- staff are appropriately insured through RPA and that staff are aware of the insurance arrangements.
- contact is made with the appropriate health professionals i.e. the school nursing service where a pupil with a medical condition requires support at school that has not yet been identified.
- children at risk of reaching the threshold for missing education due to health needs are identified and that effective collaborative working with partners such as the Local Authority (LA) or alternative education providers (e.g. hospital tuition, parents etc.) is in place to maintain a high level of education.
- Ensure that risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.
- There is a named person (usually the SENDCo) who will liaise with the LA, parents and other professionals in relation to children with health needs.

#### 4.5 School Staff

Any member of staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so.
- Should consider the needs of pupils with medical conditions that they teach when deciding whether to volunteer to administer medication as it is not part of a teachers' professional duties.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Arrangements made in line with this policy should ensure that all staff receive suitable and sufficient training and achieve the necessary level of competency before they take on duties to support children with medical conditions.

Where the headteacher has chosen to delegate the specific responsibility for the development of IHCPs (which are explained in Procedures 1.3) and the identification of staff training needs and the coordination of such training (as referred to in Procedures 1.5) this should be to a senior member of staff only. Details of staff with responsibility for the development of IHCPs and the identification and coordination of training can be found in the setting specific information at the start of the policy.

### 4.5.1 Supply Staff

Supply staff will be:

- provided with access to this policy and procedures.
- informed of all relevant medical conditions of pupils they will have a responsibility for.
- covered under the school's insurance arrangements.

### 4.6 Pupils

Pupils with the medical condition are often best placed to provide information about how their condition affects them. Each school within the Trust will:

- Seek to involve pupils fully in discussions about their medical support needs at an appropriate level, with a view to the development of their long-term capability to manage their own conditions well
- Encourage pupils to contribute to the development of their IHCP.

Sensitive involvement of other pupils in the school may be required to support the pupil with the medical condition, but also to break down societal myths and to develop inclusivity.

### 4.7 Parents and Carers

Parents are key partners in the success of this policy. Parents should:

- Notify the school if their child has a medical condition
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be invited to be involved in the development and review of their child's IHCP. (Template letter Appendix A)
- Carry out any agreed actions contained in the IHCP e.g. provide medicines and equipment
- Ensure that they, or another nominated adult are always contactable.

### 4.8 School Nurses and Other Healthcare Professionals

Providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training. Specific contact details of individuals and organisations can be found in the school specific information at the start of the policy.

#### 4.8.1 School Nurses

School Nurses will:

- At the earliest opportunity, notify the school when a pupil has been identified as having a medical condition which requires support in school.
- support staff on implementing a child's IHCP and provide advice and liaison, for example on training.
- liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

#### 4.8.2 Other Healthcare Professionals including GPs and Paediatricians

Can provide similar support to School Nurses and may also provide support in the school for children with specific conditions, e.g. asthma, diabetes and epilepsy.

### 4.8.3 Providers of Health Services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

### 4.9 Integrated Care Boards (ICBs)

The role of ICBs is to:

- ensure commissioning is responsive to pupils' needs, and that health services can cooperate with schools supporting pupils with medical conditions.
- make joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- are responsive to LAs and schools looking to improve links between health services and schools.
- provide clinical support for pupils who have long-term conditions and disabilities.
- ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 4.10 Local Authorities

The Local Authority (LA) in which the school sits will:

- commission school nurses for local schools.
- promote co-operation between relevant partners.
- make joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- provide support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- work with the school to ensure that pupils 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.

### 4.11 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and by pupils' spiritual, moral, social, and cultural development.

## 1 Procedures

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### 1.1. Notification that a Pupil has a Medical Condition

When notified that a pupil has a medical condition that requires support in school, **the Headteacher** will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP (Appendix B).

For a pupil starting in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within **two weeks**.

For pupils leaving to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process.

A school does not have to wait for a formal diagnosis before providing support to a pupil. In some cases, their medical condition may be unclear or there may be a difference of opinion. The Headteacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

## 1.2. School Attendance and Re-integration

After a period of absence through ill health, hospital education or other alternative provision there will be a period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the CEO and LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities.
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff.
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school.
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence.
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be because of an absence but could be as the result of a serious or embarrassing incident at school.

## 1.3. Individual Healthcare Plan (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is 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 makes the final decision.

The IHCP (template at Appendix C) is a working document that will help effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that each school can assess and manage identified risks to the pupil's education, health and social wellbeing as well as minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments.
- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition),

dietary requirements, and environmental issues (dust, pollen. crowds, distance between lessons etc.).

- specific support for the pupil's educational, social, and emotional needs e.g., 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 etc.
- the level of support needed, including in emergencies.
- whether a child can self-manage their medicine and how this can be supported.
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively.
- cover arrangements for when named supporting staff are unavailable.
- who in the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the Headteacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities,
- arrangements for written permission from parents and the Headteacher for the school supply of emergency salbutamol or adrenaline to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities; **[amend or delete if school does not hold one or either]**
- separate arrangements or procedures required for school trips and activities 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 who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed **at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner**. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements (check RPA) if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

#### 1.4. Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures

themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. 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 will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

## 1.5. Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**All staff will undergo 'whole school awareness' training** on induction and regularly to be delivered at school at the direction of the Headteacher. It will cover:

- current school Policy on supporting pupils with medical conditions.
- the role of staff in implementing it.
- whether any of our pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support undiagnosed pupils.
- how to spot a pupil experiencing an emergency.
- what to do in an emergency.
- how to find more information and resources.

**Staff who administer simple oral or topical medicines will undergo 'administration awareness' training** to be delivered at the direction of the Headteacher before being asked to do so. It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII).
- whether different procedures apply in different locations and where to find the written checklist displayed in each one.
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again, washing hands between each pupil if administering to more than one.
- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the

prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.

- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.
- recording procedures.

Designated staff who manage a specified condition, administer complex medicines or carry out medical procedures will undergo '**specific awareness**' training on induction to relevant tasks and at regular intervals. Such training will be delivered by an appropriately competent healthcare professional.

Such training should cover:

- responding appropriately to a request for help from another member of our staff.
- administering the medicines or procedures.
- recognising when emergency action is necessary.
- making appropriate records; and
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

A record of training should be made, the National College system provides a training record for staff and volunteers and a record can be uploaded by the staff member themselves or a school manager on their behalf. A template record from KAHSC Hub can be used as proof of completion.

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice, they will never be relied on as the sole source of advice.

## 1.6. Managing Medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription or non-prescription but not herbal.

Consent forms are available at Appendix D1 (single medication) and D2 (multiple medications), a combined consent and record form is available at D3.

Each Trust school is committed to the proper management of medicines and there are clear procedures that must be followed:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given.

- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- A school can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Pupils should always know where their medicines are and be able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Details of where medicines including emergency inhalers are kept are detailed above.
- Records must be kept of all medicines administered to individual pupils.

### 1.6.1. Controlled Drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

### 1.7. Record Keeping

Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.

Written records will be kept of all medicines administered to pupils (Appendices E1 – E3). Such records will state:

- what medication was administered
- how the medication was administered
- how much medication was administered
- when the medication was administered

- who administered the medication
- any side effects experienced or refusal

When a pupil has a course of, or on-going medication(s) they will have an individual record sheet for each medicine completed and signed by a parent when the medication is delivered into school. (Appendix E1). The same sheet will be updated at the return of the medication.

Where administration of a controlled drug is needed the signature of a second witness to the administration should be obtained. Details of receipts and returns of a controlled drug will be accurately recorded on the administration record (Appendix E2).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E3).

### 1.7.1. Administration of Emergency Asthma or Auto Adrenaline Injector Kit

A register of eligible and appropriately identified pupils will be kept in an asthma or AAI emergency kit.

When a pupil is given either an emergency inhaler or AAI:

- it will be recorded on the relevant general record card (Appendix F1 and F2)
- parents will be informed:
  - For the use of an emergency asthma reliever inhaler: use the template letter (Appendix G)
  - For the use of an emergency AAI: immediately by telephone or another agreed instant communication method, and a record made

### 1.7.2. Record Retention

Please also refer to the Trust's Data Protection policy including the Document Retention Schedule.

Records relating to the administration of medicines by school staff, including consent forms are classed as **school records** rather than pupil records. Such records should be held separate from the pupil personal file and should **NOT** be transferred to the next school or setting.

General records of the administration of medicines signed by school staff (Appendix E3) should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff (Appendix E1 and E2) can be securely destroyed once the child has left the school.

## 1.8. Emergency Procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

## 1.9. Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. The Human Medicines (Amendment) (No. 2) Regulations 2014 allow (but do not require) schools to keep a salbutamol reliever inhaler on site for use in an asthma emergency. Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off site.

If individual Trust schools decide to keep an inhaler for use in school or off-site, they are kept in a secure location, details of which can be found the school specific information at the start of the policy. **A school's decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

Having procedures in place that set out how and when the emergency inhaler should be used will protect staff by ensuring they know what to do it in the event of a child having an asthma attack.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses including but not limited to:

- Hyperventilation
- allergic reaction
- and choking

can be mistaken for asthma in such cases use of the inhaler could lead to a delay in the child getting the treatment they need. Therefore, the emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler, **OR**
- who have been prescribed a reliever inhaler, **AND**
- for whom written parent consent for use of the emergency inhaler has been given (Appendix D1)

Where the school has chosen to keep an emergency asthma kit it will include a register of eligible and appropriately identified pupils to ensure that such children **ONLY** are given the salbutamol inhaler. The register will include the child's name and photograph to aid with identification and will be held with the emergency kit and at a central location, details of which can be found in the school specific information at the start of this policy.

**A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine. The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.** Where a pupil has been prescribed a reliever inhaler this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly. The IHCP will also make clear whether the use of the pupil's own asthma reliever inhaler should be recorded and reported to parents.

Appendix G gives a template notification letter to parents advising them of the use of the emergency salbutamol inhaler.

### 1.9.1. Supplies of Salbutamol

Inhalers and suitable spacer equipment will be purchased from a reputable supplier of pharmaceutical products in writing confirming the following:

- The name of the school and its membership of The Good Shepherd Multi Academy Trust

- The purpose for the which the product is required and
- The total quantity required

### 1.9.2. The Emergency Asthma Kit

An emergency asthma kit will contain:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note on how to arrange replacements for inhalers or spacers
- A copy of the asthma register
- A record of administration (see appendix F1)

### 1.9.3. Storage and Care of Inhalers

The person responsible for maintaining checking the emergency inhaler kit each month can be found in the school specific information at the start of the policy. It is this person's responsibility to ensure that:

- Storage is in line with manufacturer's guidelines
- The inhaler and spacers are present and in working order – including priming the inhaler by spraying two puffs to prevent blockage
- Enough doses are available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use

Following use the inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water and left to air dry in a clean, safe space. The canister should be returned to the housing when dry and the cap replaced. If there is any risk of contamination i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of. The spacer should not be reused and can be given to the child to take home for future personal use or can be disposed of.

## 1.10. Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

This school is committed to supporting pupils who have been diagnosed with an allergy.

**AMEND BELOW SECTION AS APPROPRIATE FOR YOUR SETTING, DELETE THE OPTION NOT OPERATING IN YOUR SETTING:**

### 1.10.1. School Meals and Wrap Around Care Providers: Contractors

**KEEP THIS SECTION IF YOUR SCHOOL MEALS AND/OR WRAP AROUND CARE ARE PROVIDED BY A CONTRACTOR (MAKE CLEAR IF MEALS OR WRAP AROUND CARE OR BOTH)**

Our meals contractor/wraparound care provider assures that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with school leaders and take the pupil IHCPs that are shared into account when planning menus and allergen management.
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g., sauces, desserts etc.
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage.
- ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.

Their recipes are analysed, and details of allergen contents is available from our kitchen/ wraparound care team with each menu cycle. This information should be posted to the school website and is also available from the contractor's website.

Information is passed to the kitchen/wraparound care team and there are regular meetings between contract staff and school staff to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

### 1.10.2. School Meals and Wrap Around Care Providers: In-House

**KEEP THIS SECTION IF YOUR SCHOOL MEALS AND/OR WRAP AROUND CARE ARE PROVIDED 'IN-HOUSE' BY TRUST EMPLOYEES (MAKE CLEAR IF MEALS OR WRAP AROUND CARE OR BOTH)**

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into the risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes.
- handling requests for allergen information.
- properly labelling all foods they prepack.
- how cross contamination can occur and how to prevent it.
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

### 1.10.3. Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the [14 Food Allergens | Anaphylaxis UK](#), so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice in managing exposure to allergens.

### 1.10.4. Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where the school provides the food, staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

### 1.11. Adrenaline Auto-Injectors (AAIs)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.

An AAI register of all pupils prescribed an AAI will be kept (details of its location are given at the beginning of this policy) and will be checked as part of initiating the emergency response.

Where a pupil has been prescribed an AAI:

- this will be recorded on their IHCP
- the IHCP will indicate whether the child can responsibly carry the device and self-administer it correctly.
- During an off-site visit pupils will have their own AAI with them

Every use of a child's own AAI will be recorded and reported to parents, including:

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

The administration of any AAI's will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and what to do if they believe help will not come fast enough.

The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.

Safe disposal arrangements are in place with sharps containers.

### 1.11.1. Emergency AAI usage and Kits

The Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency. If individual Trust schools decide to keep an AAI for emergency use in school or off-site, they are kept in a secure location, details of which can be found in the school specific information at the start of the policy. The emergency kit will not be locked away and will be kept separate from any pupil's prescribed AAI and be clearly labelled to avoid confusion with a pupil's own AAI.

**The school's decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**

A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.

Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.

Parents will be informed whenever their child has used the school emergency AAI and the emergency services will be called when a reaction is severe.

### 1.12. Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits, sporting or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

### 1.13. Other Arrangements

**DELETE THE SECTIONS NOT RELEVANT TO YOUR SETTING**

#### 1.13.1. Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA **must** know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP

information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with school in consultation with the parents. In some cases, it may be appropriate to share elements of a pupil's IHCP with the transport operator.

### 1.13.2. Defibrillators

A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use and safe.

Whether an individual school within the Trust has no provision, hosts a Community Public Access Defibrillator (CPAD) or purchases Automated External Defibrillators (AED) is determined by the first aid needs risk assessment or a local community action plan.

For more information about AEDs and this setting's emergency first aid arrangements, please see our First Aid Policy.

### 1.14. Unacceptable Practice

It is never acceptable to:

- Prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although staff will be supported to appropriately challenge this where they have genuine concerns).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch, unless this is specified in the IHCP.
- Send an unwell child 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 e.g., hospital appointments
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need, to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g., by requiring parents to accompany the child.

### 1.15. Insurance

All Trust Staff will be appropriately insured under the Risk Protection Agreement (RPA for Academy Trusts) to carry out tasks associated with supporting pupils with medical conditions.

## 1.16. Complaints

Should parents, carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the headteacher in the first instance.

If this does not resolve the issue, they may make a formal complaint through the normal complaints procedure which can be found in the Trust's Complaints Policy available on both the School and Trust websites.

## Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

(Copy this template onto school headed paper and amend it to suit).

Dear parent or carer,

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN (IHCP) 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 (IHCP) to be prepared, setting out what support your child needs and how this will be provided. IHCPs 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 IHCPs 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 in plans will depend on the complexity of their condition and the support needed. Please find a blank copy of the IHCP included with this letter.

A meeting to start the process of developing your child's IHCP 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:

[Insert names and relevant positions of people who will attend]

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information 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 insert 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

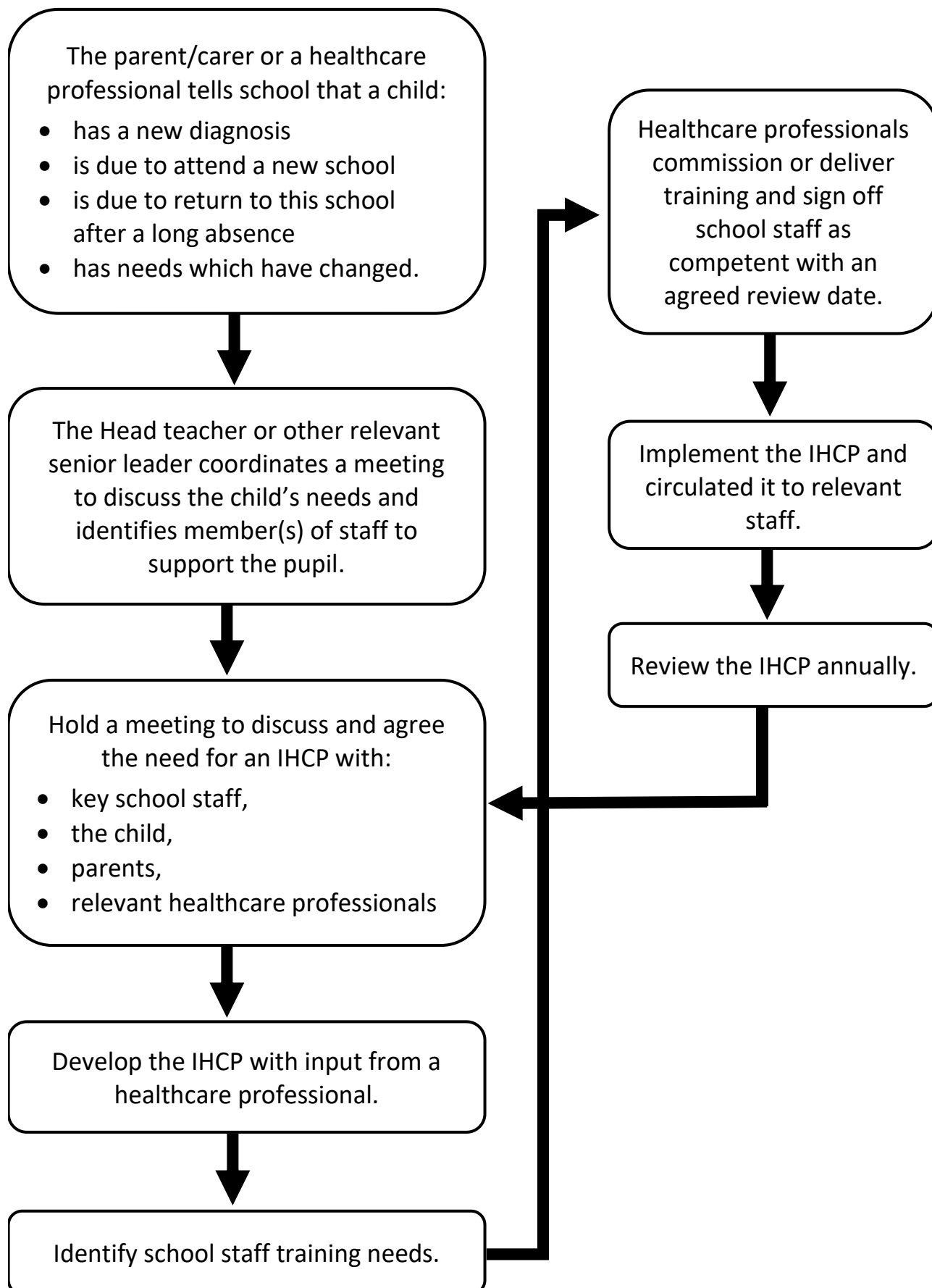
[Insert signature]

[Insert name and role designation]

Enclosed/also attached:

- One Supporting Pupils with Medical Conditions Policy
- One blank Individual Healthcare Plan (IHCP)

**Notification that a pupil has a medical condition:  
A Flowchart for developing an individual health care plan (IHCP)**



### Individual Healthcare Plan (IHCP)

<b>School/setting:</b>				<b>PHOTO</b>
<b>Name of child:</b>				
<b>Date of birth:</b>		<b>Class/group:</b>		
<b>Address of child:</b>				
<b>Sex:</b>	male <input type="checkbox"/>	female <input type="checkbox"/>	<b>Pronouns:</b> he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/>	
<b>Date:</b>		<b>Review date:</b>		
<b>Who is responsible for providing support in school?</b>				
<b>Medical Diagnosis or Condition</b>				
<b>EMERGENCY CONTACT INFORMATION</b>				
<b>Family Contact 1</b>			<b>Family Contact 2</b>	
<b>Name:</b>			<b>Name:</b>	
<b>Relationship to Child:</b>			<b>Relationship to Child:</b>	
<b>Work Tel. No:</b>			<b>Work Tel. No:</b>	
<b>Home Tel. No:</b>			<b>Home Tel. No:</b>	
<b>Mobile Tel. No:</b>			<b>Mobile Tel. No:</b>	
<b>Clinic or Hospital Contact</b>			<b>GP Contact</b>	
<b>Name:</b>			<b>Name:</b>	
<b>Contact No:</b>			<b>Contact No:</b>	
<b>Describe the child's medical needs (e.g., details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)</b>				

<p><b>Medicine details</b> (e.g., name of medicine, dose, method of administration, when it is to be taken, adverse or side effects, contra-indications, whether the pupil can self-administer independently under supervision, with prompts or direction, or with physical support, whether it is carried by the child and how it is carried etc.)</p>
<p>Which (if any) of these medicines are <a href="#">controlled drugs</a>:</p>
<p><b>Agreed procedure if the medicine or procedures are refused by the child</b></p>
<p><b>Daily care requirements</b> (e.g., before sports activities, at lunchtime etc.)</p>
<p><b>Specific support in place for any educational, social, emotional, or mental health needs</b> (include re-integration and any partnership working following absences e.g., Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious incidents at school.</p>
<p><b>Arrangements for educational visits or other activities outside the normal timetable</b></p>
<p><b>Other Information</b></p>

<b>Describe what constitutes an emergency and the action to take if this occurs</b>			
<b>Permission is given to administer school salbutamol in an asthma emergency:</b>			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Permission is given to administer school adrenalin in an anaphylaxis emergency:</b>			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Describe any follow-up care required</b>			
<b>Who is responsible in an emergency?</b> (Please state if different for different activities e.g., off-site etc.):			
<b>Staff training needs identified or already undertaken</b> (e.g., names of staff trained, what training they have received and when, along with any plans to train others and when)			
<b>Plan developed with:</b> (e.g., child, parents, healthcare professional, therapist etc.)			
<b>Print Name</b>	<b>Signature</b>	<b>Relationship to child:</b>	<b>Date</b>
<b>Form copied to</b> (Please state who holds copies of this information and where):			

## Parental Consent to Administer Medicines Form

Staff will not give your child a medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures, **and** you complete and sign this form.

<b>School/Setting:</b>			
<b>Name of Child:</b>		<b>Class/group:</b>	
<b>Date of Birth:</b>		<b>Sex:</b> male <input type="checkbox"/> female <input type="checkbox"/>	<b>Pronouns:</b> he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/>
<b>Date for review to be initiated by:</b>			
<b>Medical diagnosis, condition, or illness</b>			
<b>MEDICINE(S)</b>			
<b>Name/type of medicine(s)</b> (As described on containers)			
<b>Names of <u>controlled drugs</u>?</b>			
<b>Expiry date(s):</b>			
<b>Dosage and method of administration:</b>			
<b>Timing(s):</b>			
<b>Special precautions or other instructions:</b> with food etc.			
<b>Side effects that staff must know about:</b>			
<b>Can the child self-administer?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If YES is supervision required?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Do any medicines need to be carried by the child on their person?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>What and where will they keep it?</b>			
<b>Steps to take in an emergency:</b>			

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.**

<b>CONTACT INFORMATION</b>			
<b>Name:</b>			
<b>Relationship to Child:</b>			
<b>Address:</b>	<b>Work Tel. No:</b>		
	<b>Home Tel. No:</b>		
	<b>Mobile Tel. No:</b>		
I understand medicines must be delivered and collected <span style="color: red;">[describe procedure]</span> :			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I understand my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I consent to them receiving, in an asthma emergency, salbutamol not prescribed to them.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I understand my child must have the number of working and in-date AAI's that their doctor recommends, clearly labelled with their name, which they bring with them every day.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
<b>Signed:</b>			<b>Date:</b>

## Parental/Medical Consent to Administer Medicines

Staff will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and procedures, **and** you complete and sign this form. Parents can complete the whole form, but in line with recommendations from child protection Serious Case Reviews, **a relevant medical professional must also sign their agreement** to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

<b>Name of Child:</b>		<b>School/Setting:</b>		<b>Class/Form:</b>		
<b>Date of Birth:</b>		<b>Sex:</b> male <input type="checkbox"/> female <input type="checkbox"/>	<b>Pronouns:</b> he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/>	<b>Reviews to be initiated by:</b>		
<b>Medical diagnosis, condition, or illness</b>						
<b>MEDICINE(S)</b>						
Name/type of medicine(s) (As described on container)	Controlled Drug? Y <input type="checkbox"/> N <input type="checkbox"/>	Expiry date	Dosage and method of administration	Timing	Special precautions or other instructions e.g., with food.	Side effects that we need to know about
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Y <input type="checkbox"/> N <input type="checkbox"/>					

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy/over the counter.**

<b>Can the child self-administer?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If YES is supervision required?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> (if YES, please detail e.g., visual only, guiding hand, measure check only etc.)
<b>Does any medicine need to be carried by the child on their person, what and where will they keep it?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> (if YES, please give details):		
<b>Procedures to follow in an emergency:</b>			
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>		<b>Work Tel. No:</b>	
		<b>Home Tel. No:</b>	
		<b>Mobile Tel. No:</b>	
<b>Parental Declarations</b>			
I understand that medicines must be delivered & collected [describe procedure]:			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I understand that my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I consent to my child receiving, in an asthma emergency, salbutamol not prescribed to them.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I understand that my child must have the number of working and in-date AAIs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.			
<b>Signed:</b>		<b>Print Name:</b>	<b>Date:</b>
<b>Medical Practitioner Declaration</b>			
The above information is, to the best of my professional knowledge of this child, accurate. I agree that, in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.			
<b>Signed:</b>		<b>Print Name:</b>	<b>Date:</b>
<b>Professional relationship to child:</b>		<b>Recommended date of review/review trigger:</b>	

## Parental Consent to Administer Medicines & Record Form

Staff will not give your child a medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures, **and** you complete and sign this form.

<b>School/Setting:</b>					
<b>Name of Child:</b>			<b>Class/group:</b>		
<b>Date of Birth:</b>		<b>Sex:</b> male <input type="checkbox"/> female <input type="checkbox"/>		<b>Pronouns:</b> he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/>	
<b>Date for review to be initiated by:</b>					
<b>Medical diagnosis, condition, or illness</b>					
<b>MEDICINE(S)</b>					
<b>Name/type of medicine(s)</b> (As described on containers)					
<b>Names of <u>controlled drugs</u>?</b>					
<b>Expiry date(s):</b>					
<b>Dosage and method of administration:</b>					
<b>Timing(s):</b>					
<b>Special precautions or other instructions:</b> with food etc.					
<b>Side effects that staff must know about:</b>					
<b>Can the child self-administer?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>If YES is supervision required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Do any medicines need to be carried by the child on their person?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>What and where will they keep it?</b>					
<b>Steps to take in an emergency:</b>					

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.**

<b>CONTACT INFORMATION</b>					
<b>Name:</b>					
<b>Relationship to Child:</b>					
<b>Address:</b>		<b>Work Tel. No:</b>			
		<b>Home Tel. No:</b>			
		<b>Mobile Tel. No:</b>			
I understand medicines must be delivered and collected <b>[describe procedure]:</b>				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I understand my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I consent to them receiving, in an asthma emergency, salbutamol not prescribed to them.				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I understand my child must have the number of working and in-date AAls that their doctor recommends, clearly labelled with their name, which they bring with them every day.				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.					
<b>Signed:</b>			<b>Date:</b>		

Date medicine received	Name & Quantity received	Expiry date	Parent Sign	Staff Sign	Date medicine returned	Quantity returned	Parent Sign	Staff Sign

<b>Date:</b>								
<b>Time given:</b>								
<b>Dose given:</b>								
<b>Any reaction?</b>								
<b>Name of staff administering:</b>								
<b>Staff signature.:</b>								
<b>Witness signature.:</b>								
<b>Date:</b>								
<b>Time given:</b>								
<b>Dose given:</b>								
<b>Any reaction?</b>								
<b>Name of staff administering:</b>								
<b>Staff signature.:</b>								
<b>Witness signature.:</b>								

## Record of Medicine Administered to an Individual

Each medicine administered to an individual on a regular or scheduled basis must be recorded on a separate sheet and administration should be witnessed. If a medicine is a controlled drug, handovers must be tracked and administration requires a witness signature so, use Form D2 Record of Controlled Medicines Administration to an Individual.

<b>Name of school/setting:</b>								
<b>Name of child:</b>				<b>Date of Birth:</b>			<b>Class/Form:</b>	
<b>Name and strength of medicine:</b>								
<b>Dose and frequency of medicine:</b>	//							
<b>Date medicine received in school:</b>			<b>Expiry date:</b>			<b>Date medicine returned to parent:</b>		
<b>Quantity of medicine received:</b>					<b>Quantity returned to parent:</b>			
<b>Staff Signature:</b>				<b>Parent Signature:</b>				

**PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'**

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
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Time given:								
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Date:								
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Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								













### Name of School Emergency Salbutamol Use Note

<b>Name of child:</b> <input style="width: 90%;" type="text"/>	<b>Date of incident:</b> <input style="width: 90%;" type="text"/>
<b>Child's class/group:</b> <input style="width: 90%;" type="text"/>	<b>Time of incident:</b> <input style="width: 90%;" type="text"/>

Dear Parent or Carer,  
Today your child has had problems with their breathing. This happened when:

---

They used their own asthma inhaler \*without / with supervision. They took \_\_\_ puffs.  
 A member of staff helped them to use their own asthma inhaler. They took \_\_\_ puffs.  
 They did not have their own asthma inhaler with them, so a member of staff \*supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had \_\_\_ puffs.  
 Their own asthma inhaler \*was empty / not working, so a member of staff \*supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had \_\_\_ puffs.

Although they soon felt better, we strongly advise that you take your child to see their own doctor as soon as possible.

Please check your child's \*inhaler / spacer and ensure we have a spare in school.

If your child used the school emergency spacer, it will be kept in school for their personal use only so please send in a replacement, as agreed, as soon as possible (your GP can prescribe this).

Thank you.

**Head Teacher/Class Teacher:**

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### Name of School Emergency Salbutamol Use Note

<b>Name of child:</b> <input style="width: 90%;" type="text"/>	<b>Date of incident:</b> <input style="width: 90%;" type="text"/>
<b>Child's class/group:</b> <input style="width: 90%;" type="text"/>	<b>Time of incident:</b> <input style="width: 90%;" type="text"/>

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They used their own asthma inhaler \*without / with supervision. They took \_\_\_ puffs.  
 A member of staff helped them to use their own asthma inhaler. They took \_\_\_ puffs.  
 They did not have their own asthma inhaler with them, so a member of staff \*supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had \_\_\_ puffs.  
 Their own asthma inhaler \*was empty / not working, so a member of staff \*supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had \_\_\_ puffs.

Although they soon felt better, we strongly advise that you take your child to see their own doctor as soon as possible.

Please check your child's \*inhaler / spacer and ensure we have a spare in school.

If your child used the school emergency spacer, it will be kept in school for their personal use only so please send in a replacement, as agreed, as soon as possible (your GP can prescribe this).

Thank you.

**Head Teacher/Class Teacher:**