Newburgh
Primary School

Supporting children and young people with medical Conditions and allergy policy

Change Notes

Date	Section	comments
8th March 2021	New policy	Written by NC/KT use of WCC and DFE guidance
4th July 2021	Highlighted sections	Changes of wording or slight additions in response to H and S review.
Sept 2026	Review of whole policy with regard to draft consultation March 2026	DFE guidance used

Newburgh Primary School

Policy on Supporting Children with Medical Conditions

1 Introduction

This policy outlines how we endeavour to support all children appropriately with short/long-term medical conditions, first-aid, allergy management, administering and storing of medicines and infection control. We are an inclusive community, committed to provide appropriate care and attention for all children with medical conditions not just as a response to specific diagnoses, but as a proactive approach towards creating environments where all children can access learning, feel valued and safe and succeed.

The policy takes into regard, statutory guidance issued both locally in Warwickshire and at a National level under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. At Newburgh statutory guidance is carefully considered and we endeavour to comply with all the requirements. Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those children with medical conditions.

All children with medical conditions, in terms of both physical and mental health are able to play a full and active role in all aspects of school life, participate in school visits / trips / sporting activities, remain healthy and achieve their academic potential. Our policy promotes co-operation between relevant partners regarding supporting children with medical conditions so that clear roles and responsibilities are defined between services. We provide support, advice, guidance and training to staff to ensure individual care plans are effectively understood and good practice is followed. We work with staff and parents to ensure children attend regularly and are ready to learn. Those children requiring alternative arrangements due to a health need are carefully managed to ensure a suitable education is maintained.

At Newburgh Primary we ensure that sufficient facilities and resources are available to tend to children's needs. Relevant training is delivered to a sufficient number of staff who will have the responsibility to support children with medical conditions. We ensure staff to have access to information, resources and materials. Written records are kept of all medicines in school and those administered to pupils are duly noted by two members of staff. Children who can by the age of ten are able to manage their own health needs. The policy also sets out procedures in place for dealing with emergency situations

The aim of this policy is to ensure that staff feel confident, children feel safe and parents/carers have trust in our ability to manage medical conditions their children may have.

2 Roles and Responsibilities

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will nominate a named governor with responsibility for medical conditions and allergy safety (named governor: Lyndsey Edgellar). The governing body will also ensure there is a named senior leader with operational oversight of medical conditions (named senior leader: Anna Slater DHT). These named individuals will receive termly updates on medical conditions, incidents, training and risk register items.

The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for

their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Risks associated with medical conditions and allergy safety will be logged using the school system and reviewed by the governing body termly. The named governor will ensure mitigation actions are assigned, tracked and completed.

The Head teacher will:

- make sure all staff are aware of this policy and understand their role in its implementation;
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- take overall responsibility for the development of IHPs;
- make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse;
- ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date;
- consider how children will be reintegrated back into school after periods of absence and ensure that the focus is on the needs of each individual child and how their medical conditions impacts on their school life;
- ensure risk assessments are in place for school visits, residentials and other school activities outside the normal timetable.

Staff: Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.

Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHP and may be involved in its drafting;
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected

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

Absences related to verified medical conditions (appointments, treatment or convalescence) will not be penalised. Pupils will not be excluded from attendance-based rewards where absence is attributable to medical reasons with an IHP. Any part-time timetable used as a short-term phased reintegration will be time-limited, documented in the pupil's IHP, and regularly reviewed with parents, clinicians and the local authority where appropriate.

School Nurses and Other Healthcare Professionals: Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and Paediatricians, will liaise with the schoolnurse(s) and notify them of any pupils identified as having a medical condition.

Specialist local health teams may be able to provide support in schools for children with particular conditions, e.g. asthma, diabetes, epilepsy.

3 Notification that a child has a medical condition

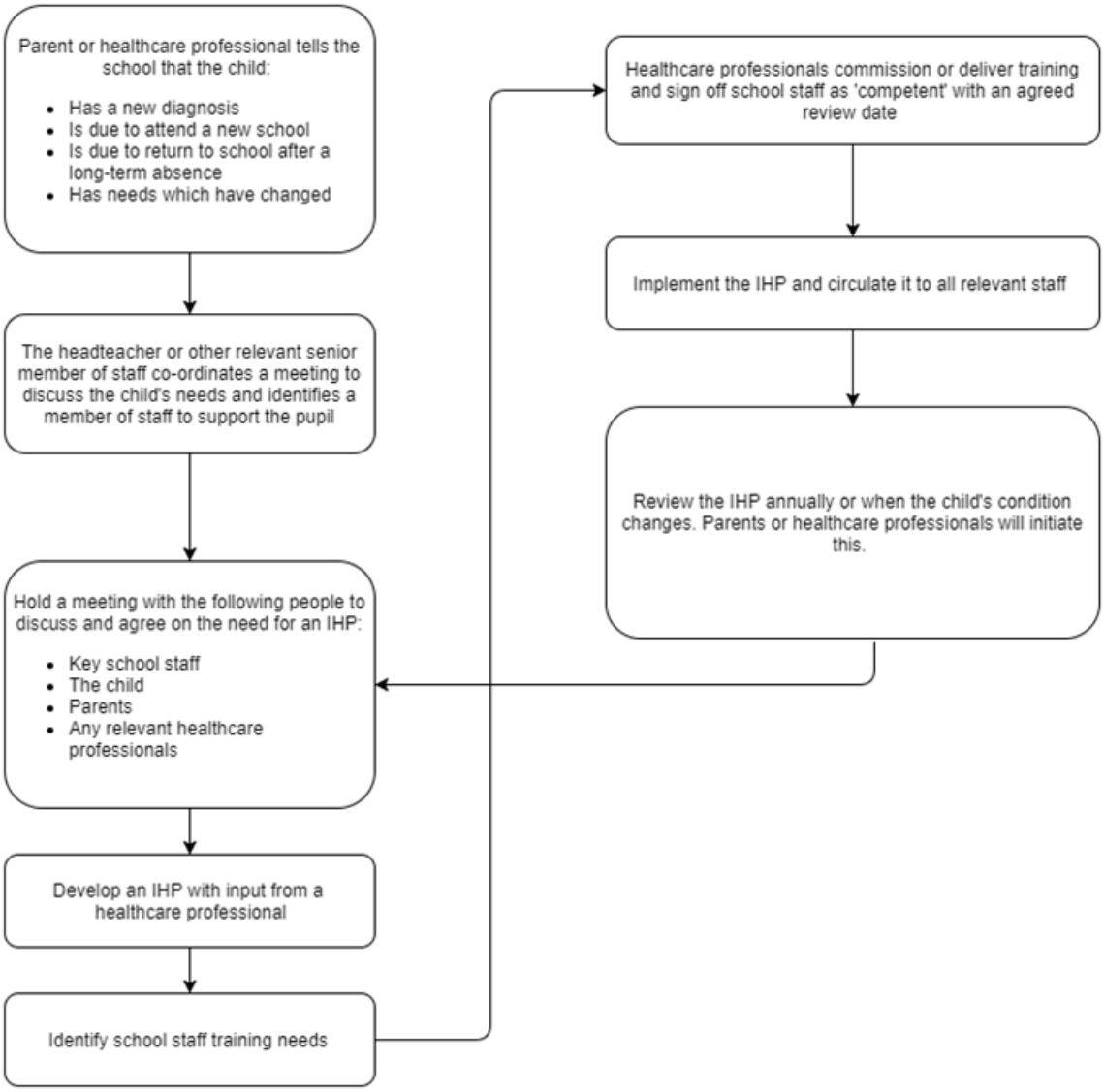
School admissions forms request information on pre-existing medical conditions. Parents have an easy pathway to inform school through the admin email or via our SENDCo at any point in the school year if a condition develops or is diagnosed. Parents will be regularly reminded via school newsletter to update their child's school record with the school office with any new information regarding medical conditions, allergies and any prescribed emergency medication. Appendix 1

The school office staff will ensure that all new or updated allergy information will be processed in a timely manner and input into the school's management information system (MIS). An updated medical conditions (including allergies) report will be produced and shared with all staff.

Where children have medical conditions that overlap year groups, transition meetings should take place in advance of transferring to enable parents, school and health professionals to prepare and train staff if appropriate. Certain medical conditions will require an individual health care plan. This is copied and shared, with additional opportunities to share and ask questions during a healthcare professionals meeting, whilst preserving confidentiality.

Information is stored and displayed discreetly and in line with current GDPR regulations.

Generally, the individual healthcare plan is reviewed annually by a medical professional, but should circumstances change this can be sooner or later. Should the medical need be attached to the Education Health Care Plan, the medical needs will be reviewed as part of the Annual Review for SENDAR by the school SENDCo.



4 Individual Health Care Plans

The Head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo. Where an IHP is required, the school will convene a meeting with parents and relevant healthcare professionals within two weeks (or sooner for urgent needs) of identification. The SENDCo is responsible for coordinating the IHP, ensuring that it is in place at the start of term for new joiners and updated within seven working days of receiving new clinical advice or medication changes. Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a Healthcare Professional and the Parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant Healthcare Professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of Special Educational Needs (SEN) or Education, Health and Care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher and SENDCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

5 Storage and administering medicines

Prescribed Medicines

Prescription only medicines must only be administered if prescribed for a named pupil by doctor, dentist, nurse or pharmacist. Prescribed medication should be as dispensed, in the original container with the pharmacy label indicating: name of child, name of medication, strength of medication, how much to give, i.e dose, frequency, length of treatment / administration start and end date, expiration date and any other instructions. Please note 'to be taken as directed' is insufficient and precise information must be supplied. The school will accept insulin that is inside an insulin pen or pump rather than in its original container but it must be in date. Pupils will not be given medicine containing aspirin unless it has been prescribed by a doctor. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Parents/Carers will need to give signed permission (Appendix 2), arranged through the main school office.

Over the counter Medicines/non-prescription medication

Over the counter medicines can be administered by school at the discretion of the head teacher if parents / carers provide written consent in line with the manufacturer's instructions, and if they are

in date and parents have signed consent. Parents are able to come in and administer medicines themselves.

Record Keeping

School will keep a record of when medication has been administered – what, how, and how much was administered, when and by whom. Medication must only be administered by defined members of staff. When administering medication to a pupil 2 members of staff sign to witness what medication has been administered. The school will administer medication if needed by asking parents to fill in paperwork with signed consent. A record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom will be kept by the school If a child spits out or refuses the dose then this will be recorded and parents contacted as soon as possible. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Appendix 3

Storage

All personal prescribed medicines will be kept in clearly labelled containers. Emergency medicines (adrenaline auto-injectors, emergency inhalers, emergency epilepsy medication, glucose kits) must be immediately accessible and not locked away. Where a pupil cannot carry their own emergency medicine, it will be stored centrally but in a clearly labelled unlocked location accessible to trained staff at all times. Non-emergency prescribed medicines may be stored in lockable medical cabinets as described, but access arrangements will ensure rapid retrieval in an emergency.

In and around school we have red emergency triangles for children and adults to seek help, as well as internal phone line to contact the office in an emergency.

Due to their medical condition, some children may require a sharps box. This is stored discreetly in class or in the school office. Management of the sharps box is parental responsibility and class teacher and/or personnel responsible for using it notify parents to ensure it is replaced/emptied. Sharps boxes should always be used for the disposal of needles and other sharps.

Inhalers are kept in classrooms, in a lidded box by the class teacher's desk/table. This enables pupils to self-administer should they require their inhaler at any point during the day. Class teachers must take these boxes with them to PE lessons and allow access after break and lunchtime exertion. This ensures that as an emergency medicine, time is not wasted to administer the dosage of salbutamol required.

End of treatment

When the course of treatment is completed, expiry date has been reached or if the child is leaving the school, it is parents/carers who are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Termly Review

An electronic register of medical needs is securely stored on the school network. A list of all children in a class with any known medical conditions is shared. At Newburgh, each term all medication in school, in the office or classroom is checked for expiration, quantity and safety. Information is updated and parents contacted to renew/replace inhalers and ensure medication no longer required is sent home.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). The use of the red triangle which exist in all rooms will ensure that staff can have further support from the office area in an emergency situation. Any staff member can call for the emergency services. *In general, the*

consequences of taking no action are more likely to be more serious than those of trying to assist in an emergency. All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Incident recording, near-miss learning and reporting

Any serious incident or near-miss involving a pupil's medical condition or allergy will be recorded on the local authority's incident form within 24 hours and reported to the named governor and named senior leader. The school will complete a lessons-learned review with parents and, where required, with healthcare professionals. Incidents that meet RIDDOR thresholds will be reported to the HSE, and allergen-related food safety incidents will be reported to the local authority environmental health team. Incident records will be used to update IHPs, staff training and the annual policy review.

Allergy Management

Any staff required to administer medicines will receive training to do so. All staff will receive regular refresher training on the common conditions on Asthma, and Anaphylaxis (annual). Children with allergies are medically diagnosed by healthcare professionals and will have a healthcare plan reviewed annually. Staff and children will know and understand where appropriate emergency medication is stored and will have access to emergency contact information of parents and healthcare professionals.

The school will maintain an Emergency Anaphylaxis Kit containing two adrenaline auto-injectors (AAIs) in the appropriate strengths and an Emergency Asthma Kit containing a salbutamol inhaler and spacer. These kits will be stored in clearly labelled, unlocked locations (in the medical cupboard in the office area), accessible within five minutes of dining/play areas. Written parental consent for use of a school-held spare AAI and emergency inhaler will be sought on admission; however, in a life-threatening emergency staff may use a spare device under the legal exemption to save life. Use of any spare device will be recorded immediately and parents informed.

In class the environment will be maintained to ensure that all children and adults are aware of the allergy and know to avoid food or materials that may cause anaphylaxis to occur.

Newburgh is **NOT a nut free environment**, but as with many school / public areas we discourage the use of nuts during food technology lessons, during school lunches and snack time.

First Aid

A formally designated area has been established for all children at Newburgh at break and lunch times. Children who are hurt (due to a tumble or bump whilst playing outside) are given a grey wrist band to be seen at the designated area to ensure attention can be given. This can be, simply TLC to requiring a trained first aider assessment to calling parents or an ambulance. Any treatment required is logged and an accident slip is carbon copied and sent home. More information will be found in the First Aid Policy.

AED (Automated External Defibrillator)

At the front entrance to the school office there is a logged AED. This is checked monthly to ensure it is operational and registered with St Johns Ambulance. Instructions are clear, call 999 and follow their instruction and guidance to hopefully save someone's life.

6 Training

All staff, will receive whole-school allergy, asthma and anaphylaxis awareness training at least annually. Staff named on IHPs will receive condition-specific competency training delivered by the relevant healthcare professional; competence will be recorded and re-assessed annually or after any

change. The school will maintain a training log recording dates, attendees, the training provider and competency sign-off. The named senior leader will review training records termly and ensure adequate cover for trained staff.

Training will:

- They can provide the necessary support safely (which may include giving prescription medicines or undertaking healthcare procedures in accordance with an Individual Healthcare Plan);
- They understand any risks associated with providing support;
- They can recognise symptoms of the medical condition, what can trigger them, appreciate their effects and know what preventative and emergency measures to take. They should be able to recognise if the child or young person may be at risk and take the required action (for example as set out in the child or young person's Individual Healthcare Plan).
- Ensure that staff feel confident and competent to fulfil the requirements set out in the IHP

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Supply staff / third-party providers and extended provision

Third-party providers and contractors working on site (including breakfast/after-school clubs, sports coaches and external tutors) must follow the school's medical and allergy policies. They will receive a site induction covering medical protocols and will be provided with information about pupils with medical needs where appropriate. The school will ensure that such providers have appropriate training and insurance arrangements in place.

7 Infection Control

'Catch it, Bin it, Kill it'. Children are actively encouraged to reduce the spread of germs. During the winter period when coughs and colds are rife, children are encouraged to use tissues to cough and sneeze into. Should children be suffering with vomiting or diarrhoea then it is advisable for them to not attend school for 48 hours after the last bout of sickness or diarrhoea.

Handwashing is encouraged throughout the day, specifically after visiting the toilet, before eating and after physical play. Pencils and pens are discouraged from being shared, with many classes choosing to name pencils as children will often place them in their mouth, whilst thinking.

In line with South Warwickshire Health, the school nurse team visits the school to administer flu vaccinations in all years.

All guidance regarding new infections such as COVID will be adhered to and may cause new procedures to be implemented to reduce the spread of infections. Guidance on Managing specific infectious diseases: A to Z is available for staff in children and young people settings, including education, those working in children and young people's social care and across the secure estate. This guidance should be used alongside the emergency planning and response for education, childcare, and children's social care settings published in April 2022.

8 Other Relevant information

Data Protection and Information Sharing

Health information will be processed in accordance with UK GDPR. IHPs and related health records will be stored securely, accessible only to staff who need the information to support the pupil. Parents will provide written consent for information-sharing with relevant staff and external professionals; in urgent situations the school may share information without consent when it is in the pupil's best interests. Medical records, training logs and incident reports will be retained in line with the school's retention schedule (medical incident records: minimum 25 years where the incident is serious; otherwise six years) and disposed of securely.

Early Years / EYFS

For children in the Early Years Foundation Stage (EYFS), at least one member of staff with a valid paediatric first aid certificate will be present whenever children are eating (including snack time), and the EYFS safer-eating guidance will be followed. EYFS IHPs will include any feeding/texture precautions and will be reviewed with the child's key person and parents. As part of our curriculum we will promote good health, including oral health of children.

Offsite Visits and Residential Stays

Staff should carry and administer medication as necessary. Parental consent forms cover administration of medication on and off school site. A copy of any medical care plans and information on medical conditions will be taken on visits and included on risk assessments. Prescribed inhalers are kept in the class medicine box/bag and taken outside for PE, Forest School, and any after school clubs. All after school activity registers will indicate a medical need and details of medical needs and medication will be attached.

Additional effort is taken to ensure current information is received from parents when taking children on external off site visits and trips. Formal information is requested when taking children on residential stays and all necessary medication and information is kept with key staff. On site residential staff will also through risk assessment have their own medically trained first aiders and procedures to follow and adhere to.

Food provision / catering and menus

School catering will provide allergen information for all dishes in line with Food Information Regulations, and prepacked-for-direct-sale (PPDS) rules (Natasha's Law) where applicable. The school will meet with catering staff termly to review cross-contamination controls and menu substitutions for pupils with allergies. For pupils eligible for Free School Meals, reasonable adjustments to meal provision will be recorded on the pupil's IHP.

Healthcare Professionals

At Newburgh Primary School regular and up to date training is in place. Specific professionals allotted to individuals are met with/contacted to ensure that the needs of children are fully understood and met. Health care professionals are collaborated with in order to develop a health care plan in anticipation of a new child entering school with pre-existing medical condition. These professionals will support staff to implement procedures and routines to manage needs in school and then participate in regular reviews.

Parents

It is vitally important that parents keep the school informed about any new medical conditions or changes to their child/children's health. Participating in the development and regular reviews of their child's healthcare plan, and completing a parental consent form to administer medicine or

treatment before bringing medication into school. Parents requesting the school to administer medication must complete the parent medication consent form arranged through the main school office. Parents need to provide staff in school with the medication their child requires and keep it up to date including collecting leftover medicine.

Children

Children need to understand how their medical condition affects them. As they get older children may be able to self-manage their medication or health needs, if judged competent to do so by a healthcare professional and agreed by parent and school. However whilst we wholly support and encourage children to manage and develop independence, we also cannot allow any actions to compromise the safety and well-being of others, as well as ensuring we maintain procedure.

9 Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents;
- ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;

 administering or asking pupils to self-administer medication in unsupervised or unsuitable locations (e.g., toilets);

- sharing confidential health information beyond those named in the pupil's IHP.

10 Liability and Indemnity

The Governing Body will ensure that appropriate insurance is in place that covers staff who undertake medical procedures and the provision of prescribed medicines, subject to adherence with statutory guidance. The school's current insurance arrangement is the Risk Protection Arrangement (RPA) via the Local Authority, which covers Members and employees undertaking medical procedures and the provision of prescribed medicines provided the school follows statutory guidance on supporting

pupils with medical conditions. The school will maintain records of competence and training to support any indemnity claims.

11 Complaints

Parents with a complaint about their pupil's medical condition should discuss this directly with the SENDCo in the first instance and then the Headteacher. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

12 Monitoring Arrangements

The named senior leader will produce a termly medical conditions report for governors, including: number of pupils with IHPs, summary of IHP reviews and updates, staff trained and competency records, incidents/near-misses and actions taken, medication checks completed and any outstanding actions. This report will feed into the school's leadership monitoring cycle and inform training and policy updates. The policy itself will be formally reviewed at least annually or earlier following a serious incident or statutory change.

13 Links to documents and legislations

This policy links to the following:

Children and Families Act 2014 -
http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/pupils-with-medical-conditions

Supporting pupils at school with medical conditions -
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Controlled Drugs - https://www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/

Misuse of Drugs Regulations 2001 - http://www.legislation.gov.uk/uksi/2001/3998/schedule/1/made

Appendices

Appendix 1 Medical information form
Appendix 2 Consent for the administration of PRESCRIBED medication in school
Appendix 3 Medication Record
Appendix 4 Individual Healthcare Plan

Appendix 1
Medical Information Form – Newburgh Primary School
Confidential information for school records

1. Pupil details

Legal Surname		Legal Forename	
Middle Name		Preferred Forename (if different)	
Date of Birth		Male/Female	

2. Medical Information

Name of doctor/medical practice and address		Telephone Number

3. Healthcare Plan

Does your child have an individual Healthcare Plan?

Please indicate what type of Healthcare Plan your child has.	

4. Asthma - Please complete if applicable

☐ I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler *(delete as appropriate)*

☐ My child has a working, in date inhaler, clearly labelled with their name, which will be kept in class under supervision from the class teacher.

☐ In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held in the school office.

5. Allergies

Is your child allergic to anything (e.g. Asprin, antibiotics, any particular food or drug)? If so please provide details below.

6. Other Serious Medical Conditions

Does your child suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, travel sickness, diabetes, attention deficiency, hyper-activity or any other condition, illness or disability? If so please give details:

7. Medication

Does your child take regular medication, if so please describe the medication below. If your child needs to take medication in school, you will need to request a **'medical consent form'** from the school office.

8. Data Protection Act 1998

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

9. Privacy Notice

Please see our Privacy Notice for full details of how we use and share the above personal information. A copy will be enclosed with your new entrant pack and can be found on the school website.

I sign to confirm that I have full parental responsibility and have completed the information on this form to be best of my knowledge.

Parent/Guardian Name (print please)	
Parent/Guardian signature	
Relationship	
Date	

Appendix 2
Consent for the administration of PRESCRIBED medication in school

In order for your child to be supervised during the administration of any medicines at school, or to be given medication by a member of staff, the following information is required to be completed by the parent/guardian and sent to the Headteacher. If there are any subsequent changes in medicines or doses to be given, then these **MUST** be notified immediately to the school. All doses given by staff during school hours, will be recorded on a medicine record sheet.

The school and/or its staff will endeavour to administer all medicines correctly, but cannot be held responsible for errors in administration or adverse reactions caused by medication.

Name of pupil: ……..

Class:……

Name of medicine:……

(include FULL details as given on the container label issued by the pharmacist)

Name of medicine	Dose	Frequency/Times	Date of completion of course (if known)
Medicine 1:			
Medicine 2:			
Medicine 3:			
Special instructions			

Additional information (about the medicine)……..

Any prescribed medicines **MUST** be supplied to the school in a container clearly labelled (by the pharmacist, with the name of the medicine, full instructions for use and the name of the pupil). All medicines should be in the original container bearing the manufacturer's instructions/guidelines. The school will NOT administer medicines supplied in inappropriate containers. Any medicine requiring refrigeration should be supplied inside a further container which is clearly labelled on the outside with the medicine type and name.

This form should be renewed by parent/guardian if there any changes to a pupil's medication.

Parent/Guardian signature ……..

Name (block capitals)……

Relationship to child ……

Date …….

Appendix 3
Medication Record
For PRESCRIBED medication in school

Name:	
Date of birth:	
Address:	
Drug name:	
Prescribed by:	
Witnessed by:	
Dosage and route:	

NB: two adults may be present for administration of medicine

Date	Time	Amount	Administered by

Appendix 4

Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to