

Supporting Students with Medical Conditions Policy

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APPROVING BODY: Full Governing Board

NEXT APPROVAL DUE: Summer 2026

www.dorothy-stringer.co.uk

Supporting students with Medical Conditions Policy

1. About this policy

This policy is written in line with the requirements of:

- Students and Families Act 2014 section 100 Supporting students at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014 0-25
- SEND Code of Practice, DfE 2014 Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010 Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies SEN Policy, Safeguarding Policy, Off-site visits policy.

2. Definitions of Medical Conditions

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

Short-term affecting their participation at school because of injury or they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that students feel safe.

Some students with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the Individual Healthcare Plan will become part of the EHCP.

3. The statutory duty of the Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The governing body of Dorothy Stringer School fulfil this by:

- Ensuring that arrangements are in place to support students with medical conditions.
 In doing so we will ensure that such students can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will
 affect quality of life and may be life-threatening. Some will be more obvious than
 others and therefore the focus is on the needs of each individual student and how
 their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care. The Governing Body will ensure that staff are properly trained to provide the support that students need;

- Ensuring that no student with a medical condition is 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 safeguarding duties, the Governing Body
 will ensure that students' health is not put at unnecessary risk from, for example,
 infectious diseases, and reserve the right to refuse admittance to a student at times
 where it would be detrimental to the health of that student or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented:
- Developing a policy for supporting students with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school
 is notified that a student has a medical condition (see section below on procedure to
 be followed when notifications is received that a student has a medical condition);
- Ensuring that the policy covers the role of Individual Healthcare Plans, and who is responsible for their development, in supporting students at school with medical conditions (see section below on Individual Healthcare Plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all
 those involved in arrangements for supporting students at school with medical
 conditions and how they will be supported, how their training needs will be assessed
 and how and by whom training will be commissioned and provided (see section
 below on staff training and support);
- Ensuring that the school policy covers arrangements for students who are competent to manage their own health needs and medicines (see section below on the student's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to develop transport healthcare plans in conjunction with the Local Authority (LA) for students with life-threatening conditions who use home-toschool transport
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice):
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to students with medical conditions (see section on complaints).

4. Policy implementation

The statutory duty for making arrangements for supporting students at school with medical conditions rests with the Governing Body. The Governing Body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to SENCO. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Cover Supervisor will be responsible for briefing supply teachers and the Trips Coordinator will be responsible for preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans.

The SENCO will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the Individual Healthcare Plan for each student and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of students' medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be followed when notification is received that a student has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change. For students being admitted to Dorothy Stringer School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a student moving to Dorothy Stringer School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

Upon receiving notification of a medical condition (either from a student or parent/carer) contact is made with parents/carers and an EHCP is created. Where medication is required, a folder is created to store medication, the care plan and a 'record of medicine administered to an individual student form'. The folder is clearly labelled and colour coordinated so it cannot be misfiled.

Appropriate members of staff are notified about the student's medical condition and lines of communication (and training where appropriate) are sourced and opened up with medical experts.

If a student is due to go on a school trip, their folder with notes, forms and medication are made available to teachers on the trip. Where appropriate, training may also be provided. Medication and documents are returned after the trip and posted into a secure lockable storage container.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in

our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the student's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible.

We will make sure that no student with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a student in school at times where it would be detrimental to the health of that student or others.

Dorothy Stringer School does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary, to ensure that the right support can be put in place. These discussions will be led by SENCO and following these discussions an Individual Healthcare Plan will written in conjunction with the parent/carers by SENCO and be put in place.

6. Individual Healthcare Plans

Individual Healthcare Plans will help to ensure that Dorothy Stringer School effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all students will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the SENCO is best placed to take a final view. A flow chart for identifying and agreeing the support a student needs and developing an Individual Healthcare Plan is provided at Appendix A.

Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support. Where a student has SEN but does not have an EHC plan, their special educational needs should be mentioned in their Individual Healthcare Plan.

Individual Healthcare Plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist or students' School Nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. The aim should be to capture the steps which Dorothy Stringer School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will

take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Dorothy Stringer School will ensure that Individual Healthcare Plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the student's best interests in mind and ensure that Dorothy Stringer School assesses and manages risks to the student's education, health and social wellbeing, and minimises disruption. Where a student is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the student will need to reintegrate effectively.

Template 1 provides a basic template for the Individual Healthcare Plan, and although this format may be varied to suit the specific needs of each student, they should all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The student'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 student's educational, social and emotional needs for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student'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 student's condition and the support required;
- Arrangements for written permission from parents/carer and the SENCo, for medication to be administered by a member of staff, or self-administered by the student 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 student can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the student's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

Where a student uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the student's Individual Healthcare Plan with the local authority.

7. Roles and responsibilities

Note: refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Dorothy Stringer School

Other healthcare professionals, including GPs and Paediatricians should notify the School Nursing Team when a student has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for students with particular conditions (eg asthma, diabetes, epilepsy).

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan. Other students will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of students with medical conditions.

If, after discussion with the parent/carer, it is agreed that the student is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the Individual Healthcare Plan.

Wherever possible students will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other students is not compromised. Dorothy Stringer School does also recognise that students who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents will be informed so that alternative options can be considered.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's Individual Healthcare Plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Brighton & Hove Local Authority. Under Section 10 of the Students Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of students with regard to their physical and mental health, and their education, training and recreation. B&H is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively. B&H will work with us to support students with medical conditions to attend full time.

Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements

under this duty when it is clear that a student will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting students with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support students with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Students Act 2004 (as described above for Local Authorities). The local Health and Wellbeing Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled students and students with SEN and considering the quality of teaching and the progress made by these students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

The following staff have received general training-

A list of staff with first aid, EpiPen and Asthma training is kept in first aid and maintained by the First Aid Officer. A copy of the list is available to SENCo who will arrange training.

Designated First Aiders and the SENCo are the only staff in school authorised to administer medication. Medication is stored in folders in a lockable medical cabinet; folders are clearly labelled and colour coordinated. In the event that a student requires a non-prescription medication written permission must be obtained every time medication is provided (unless it is recommended by the emergency services).

Ventolin and EpiPen's are carried by students (back-up medication is stored in first aid), there is an expectation that in an emergency a student in distress would be assisted by the nearest member of staff who has Epipen or Asthma training (training has been offered to all staff in school). The Designated First Aid Officer will attend the scene without delay.

Ibuprofen and Paracetamol, Ventolin, EpiPens and a blood sugar monitor are safely stored in first aid, in a large medical 'grab bag', this bag is not locked away, but it is not easily tampered with either.

A register is kept of those who have received additional training for specific students' needs. This is maintained by First Aid and SENCO is to arrange and ensure that training is provided where there is a need.

Template E will be used to record staff training for administration of medicines and /or medical procedures. All staff who are required to provide support to students for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the Individual Healthcare Plan. They may choose to arrange training themselves and will ensure that it remains up to date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements set out in

the Individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any Individual Healthcare Plans). A first aid certificate does not constitute appropriate training in supporting students with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy. The First Aid Officer will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

9. Managing medicines on school premises and record keeping

At Dorothy Stringer School the following procedures are to be followed:

- No student under 16 should be given prescription or non-prescription medicines without their parents written consent (see Template B)
- Non-prescription drugs will be administered by only the named persons mentioned in section 8 above where parents have given written (or verbal recorded) permission.
 The medication folder must be clearly labelled with the student's name. Before giving the non-prescription drug, the dosage chart must be checked for the correct dosage which would be suitable for the student's age.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours:
- Dorothy Stringer School will only accept prescribed medicines, with written
 permission from parent/carer that are in-date, labelled, provided in the original
 container as dispensed by a pharmacist and include instructions for administration,
 dosage and storage. The exception to this is insulin which must be in date but will
 generally be available to schools inside an insulin pen or a pump, although vials may
 be stored in the fridge too if required.
- All medicines will be stored safely in the Medical Room. Students should know where their medicines are at all times, they are able to access them via the Medical Officer or SENCO.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the medical room. All medication is clearly labelled and stored in colour coordinated storage boxes within the medical cabinet.
- During school trips the first aid trained member of staff will carry all medical devices, medicines required and any relevant information; the student's medical folder is collected by the team leader and travels with the student during the trip. Any additional training or information needed is planned for and provided before the trip.
- We will keep all controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;

- Staff administering medicines should do so in accordance with the prescriber's
 instructions. Dorothy Stringer School will keep a record (see Template C and D) of
 all medicines administered to individual students, stating what, how and how much
 was administered, when and by whom. There must be two staff in attendance when
 administering controlled drugs and both will sign the record.
- Any side effects of the medication to be administered at school should be noted.
 Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed:
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- The school will hold asthma inhalers on site for emergency use.

10. Emergency procedures

The Trips Coordinator will ensure that the trip leader has arrangements in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk assessment process. The Trip leader should work with the First Aid Officer and details should be taken on the trip electronically if possible.

Where a student has an Individual Healthcare Plan, this should clear define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

11. Day trips, residential visits, and sporting activities

We will actively support students with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

12. Unacceptable practice

Although staff at Dorothy Stringer School should use their discretion and judge each case on its merit with reference to the student's Individual Healthcare Plan, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;

- Ignore the views of the student or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans:
- Send them to the medical room unaccompanied;
- Penalise students for their attendance record if their absences are related to their medical condition, e.g., hospital appointments;
- Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication 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 students from participating, or creating unnecessary barriers to students participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

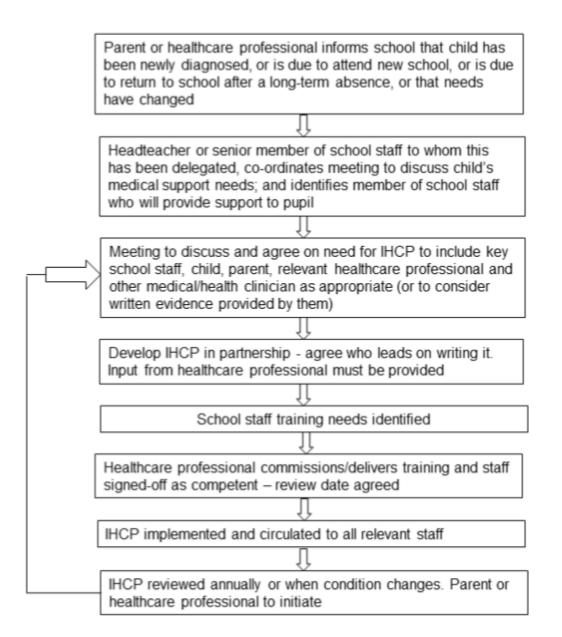
13. Liability and indemnity

The Governing Body of Dorothy Stringer School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by students with medical conditions.

14. Complaints

Should parents/carers be unhappy with any aspect of their child's care at Dorothy Stringer School, they must discuss their concerns with the school. This will be with the student's Form Tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Dorothy Stringer School Complaints Procedure.

Appendix A: Model process for developing Individual Healthcare Plans



Templates

Supporting Student with Medical Conditions

Contents	
Template A: Individual Healthcare Plan	143
Template B: parental agreement for setting to administer medicine	16
Template C: record of medicine administered to an individual child	17
Template D: record of medicine administered to all children	19
Template E: staff training record – administration of medicines	20
Template F: contacting emergency services	21
Template G: model letter inviting parents/carers to contribute to Individual Herenande Plan development	althcare 22

Template A: Individual Healthcare Plan

Name of school	
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)	
(email)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
(email)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
(email)	
Who is responsible for providing support in school	
Describe medical needs and give details facilities, equipment or devices, environ	s of child's symptoms, triggers, signs, treatments, mental 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 student's educational, social and emotional needs
Arrangements for school visits/trips etc.
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (state if different for off-site activities)
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

Template B: parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original	container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
(email)	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]
give consent to school staff administering	y knowledge, accurate at the time of writing and I medicine in accordance with the school policy. I in writing, if there is any change in dosage or cine is stopped.
Sianature(s)	Date

Template C: record of medicine administered to an individual child

Name of school			
Name of child			
Date medicine provided by	parent		
Group/class/form			
Quantity received			
Name and strength of medi	cine		
Expiry date			
Quantity returned			
Dose and frequency of med	dicine		
Staff signature			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		

Template D: record of medicine administered to all children

Name of	
school	

Print name

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

Template E: staff training record – administration of medicines

Name of school			
Name			
Type of training received			
Date of training completed			
Training provided by			
Profession and title			
I confirm that [name of mocompetent to carry out ar [name of member of staff	ny necessary trea		ng detailed above and is that the training is updated
Trainer's signature _			
Date _			
I confirm that I have rec	eived the trainir	ng detailed above.	
Staff signature _			
Date _			
Suggested review date			

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- 1. your telephone number
- 2. your name
- 3. your location as follows [insert school/setting address]
- 4. state what the postcode is please note that postcodes for satellite navigation systems may differ from the postal code
- 5. provide the exact location of the patient within the school setting
- 6. provide the name of the child and a brief description of their symptoms
- 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. print off a copy of the student's SIMS record
- 9. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to Individual Healthcare Plan development

Dear Parent or Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support the each student needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Healthcare Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully