



EQUA
Multi Academy Trust

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY INCLUDING ADMINISTERING MEDICATION

Policy Lead	CFO
Committee	Resources
Adopted by Trust Board	July 2020
Last Amended	January 2023
Last Reviewed	January 2023
For Review	Annually

Statement of intent

The Trust Board has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy 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) and achieve their academic potential.

The Trust believes it is important that parents/carers of pupils with medical conditions feel confident that its schools provide 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 as a result 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.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the Trust's SEND Policy will ensure compliance with legal duties.

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

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following Trust or school policies:

- Pupils with additional health needs attendance Policy
- SEND Policy
- Complaints Procedure Policy
- Schools' Admissions Policies

2. Roles and Responsibilities

2.1. The **Trust board** is responsible for:

- Being legally responsible for fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils in the Trust's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

- Ensuring that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Board holds the right to not accept a pupil into any of its school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The **Headteacher** is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the School Nursing Service where a pupil with a medical condition requires support that has not yet been identified.

2.3. **Parents/carers** are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.4. **Pupils** are responsible for:

- Being fully involved in discussions about their medical support needs.
- Contributing to the development of their IHP.
- Being sensitive to the needs of pupils with medical conditions.

2.5. **School staff** are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.6 **The School Nurse** is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

2.7 Clinical Commissioning Groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.
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2.8 Other healthcare professionals, including GPs and paediatricians are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2.9 The Local Authority is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working 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.

3 Admissions

3.1 Admissions will be managed in line with the school's Admissions Policy.

3.2 No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

3.3 A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

- 3.4 The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4 Notification procedure

- 4.1 When the school is notified that a pupil has a medical condition that requires support in school, the Headteacher is informed. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 18](#)).
- 4.2 The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 4.3 For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 4.4 Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

5 Staff training and support

- 5.1 Any staff member providing support to a pupil with medical conditions receives suitable training.
- 5.2 Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 5.3 Training needs are regularly assessed for all school staff, and when a new staff member arrives.
- 5.4 Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 5.5 The proficiency of staff in performing medical procedures or providing medication must be confirmed.
- 5.6 A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 5.7 Whole-school awareness training is carried out on a regular basis for all staff, and included in the induction of new staff members.
- 5.8 Suitable training opportunities should be identified that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 5.9 Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.10 The Headteacher will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

6 Self-management

- 6.1 Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 6.2 Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 6.3 Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 6.4 If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 6.5 If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken.

7 Supply teachers

- 7.1 Supply teachers are:
 - Provided with access to this policy.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
 - Covered under the school's insurance arrangements.

8 Individual healthcare plans (IHPs)

- 8.1 The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP 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.
- 8.2 The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.
- 8.3 IHPs include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
 - Separate arrangements or procedures required during school trips and activities.

- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 8.4 Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
- 8.5 IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 8.6 IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.7 Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.
- 8.8 Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.
- 8.9 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 IHP identifies the support the child needs to reintegrate.

9 Managing medicines

- 9.1 Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form (appendix A).
- 9.2 No pupil under the age of 16 will be given medicines without written parental consent.
- 9.3 Under no circumstance will a pupil under the age of 16 be given aspirin unless there is evidence that it has been prescribed by a doctor.
- 9.4 Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
- 9.5 Before administering medicine, maximum dosages and when the previous dose was taken will be checked.
- 9.6 A maximum of four weeks supply of medication may be provided to the school.
- 9.7 When medicines are no longer required, they will be returned to the parents/carers of the pupil.
- 9.8 Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.
- 9.9 Medications will only be administered at school if it would be detrimental to the child not to do so.
- 9.10 Medications will be stored securely, e.g. in the school office, staff room or Headteacher's office.
- 9.11 In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 9.12 Only suitably qualified staff will administer a controlled drug.
- 9.13 Staff members have the right to refuse to administer medication. If a class teacher does refuse, the Headteacher will delegate the responsibility to another staff member.
- 9.14 Any medications left over at the end of the course will be returned to the pupil's parent/carer.

- 9.15 Written records will be kept for any medication administered to pupils.
- 9.16 Pupils will never be prevented from accessing their medication.
- 9.17 Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
- Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication.
 - These arrangements will be reflected in their individual healthcare plan (IHCP).
- 9.18 If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- 9.19 The school cannot be held responsible for side effects which occur when medication is taken correctly.
- 9.20 Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

10.1 The school's Allergen and Anaphylaxis procedures are implemented consistently to ensure the safety of those with allergies.

10.2 Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

10.3 The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

10.4 The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

10.5 Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

10.6 The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

10.7 A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

10.8 [Secondary schools only] Pupils who have prescribed AAI devices can keep their device in their possession.

10.9 [Primary schools only] Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.

10.10 Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.

10.11 In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

10.12 The school will keep a spare AAI for use in the event of an emergency, which will be checked on a [monthly](#) basis to ensure that it remains in date, and which will be replaced before the expiry date.

10.13 The spare AAI will be stored securely, ensuring that it is protected from direct sunlight and extreme temperatures.

10.14 The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.

10.15 Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

10.16 Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

10.17 Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

10.18 In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

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

10.19 [Primary schools only] For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

10.20 [Secondary schools only] For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

10.21 AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

10.22 In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11 Record keeping

11 In accordance with paragraphs 10.10, 10.11, 10.12 and 10.13, written records are kept of all medicines administered to pupils.

- a. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- b. Appropriate forms for record keeping can be found in [appendix d](#) and [appendix e](#) of this policy.

12 Emergency procedures

- a. Medical emergencies are dealt with under the school's emergency procedures.
- b. Where an IHP is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- c. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- d. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- e. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

13 Day trips, residential visits and sporting activities

- a. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- b. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- c. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

14 Unacceptable practice

- a. The school will never:
 - Assume that pupils with the same condition require the same treatment.
 - Prevent pupils from easily accessing their inhalers and medication.
 - Ignore the views of the pupil and/or their parents/carers.
 - Ignore medical evidence or opinion.
 - Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
 - Send an unwell pupil to a room alone or with an unsuitable escort.
 - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
 - Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
 - Create barriers to pupils participating in school life, including school trips.
 - Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15 Liability and indemnity

- a. The Trust Board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

- b. The schools hold insurance policies covering liability relating to the administration of medication.
- c. All staff providing such support are provided access to the insurance policies.
- d. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16 Complaints

- a. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- b. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.
- c. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- d. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

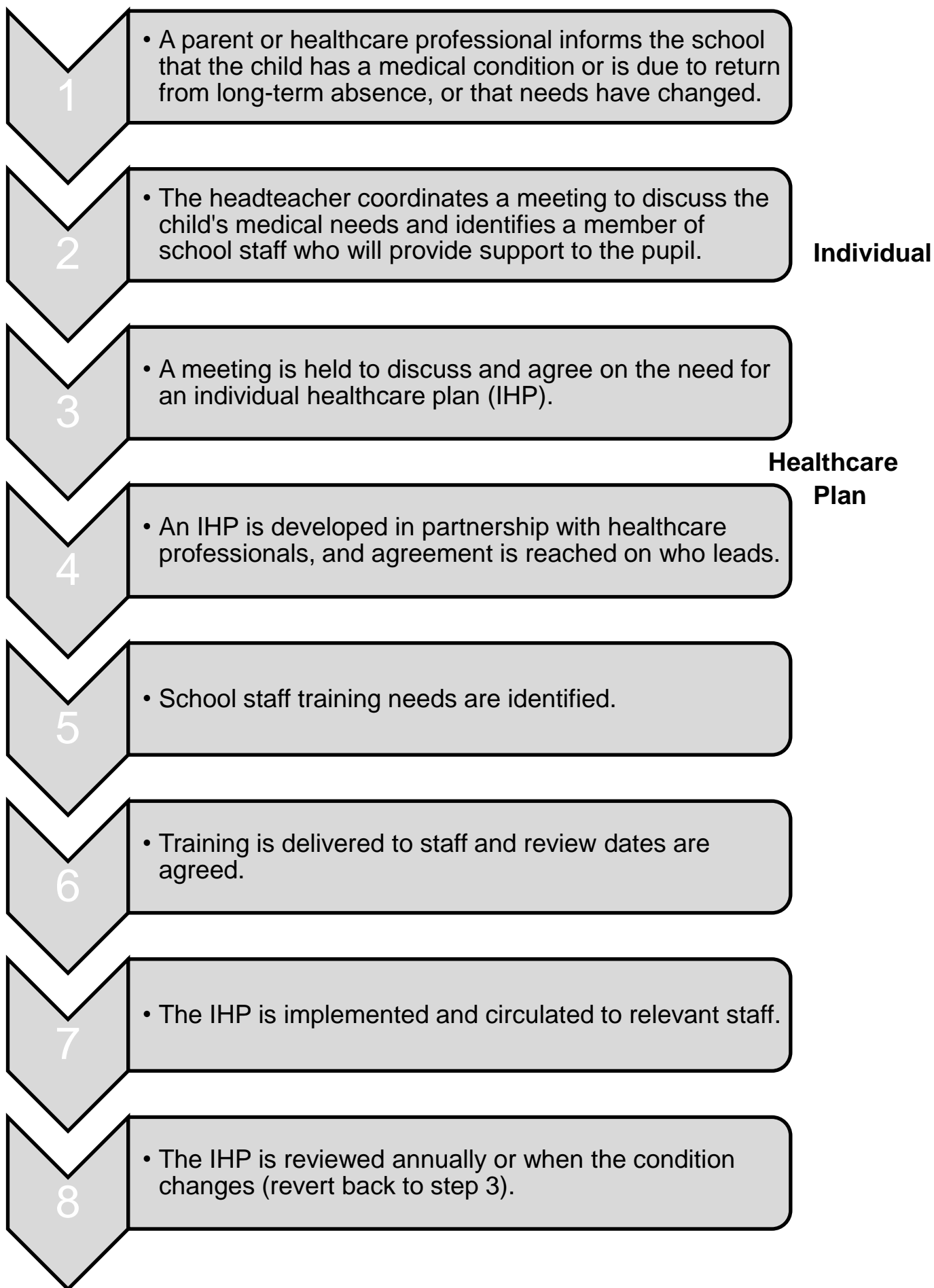
17 Home-to-school transport

- a. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- b. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18 Policy review

- a. This policy is reviewed on an annual basis by the Trust Board.

Individual Healthcare Plan Implementation Procedure



Child's name:

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Group/class/form:

--

Date of birth:

--

Child's address:

--

Medical diagnosis or condition:

--

Date:

--

Review date:

--

Family contact information

Name:

--

Phone number (work):

--

(home):

--

(mobile):

--

Name:

--

Relationship to child:

--

Phone number (work):

--

(home):

--

(mobile):

--

Clinic/hospital contact

Name:

--

Phone number:

--

Child's GP

Name:

Phone number:

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 it should be taken, side effects, contraindications, 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:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Parental Agreement for the School to Administer Medicine

The school will not be able to give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

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:

Any side effects that the school 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 number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

<u>Name of staff member</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) _____

Date _____

Record of Medicine Administered to an Individual Child

Name of child:
Date medicine provided by parent:
Group/class/form:
Quantity received:
Name and strength of medicine:
Expiry date:
Quantity returned:
Dose and frequency of medicine:

Staff signature: _____

Signature of parent: _____

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

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

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

Record of Medicine Administered to All Children

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

Staff Training Record – Administration of Medication

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment pertaining to _____. I recommend that the training is updated by _____.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Contacting Emergency Services

To be stored by the phone in the school office

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.

- The telephone number:
- Your name.
- Your location as follows:
- The satnav postcode:
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

RE: Developing an individual healthcare plan for your child

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for date. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. 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 to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on email address or to speak by phone on phone number if this would be helpful.

Yours sincerely,

Headteacher

Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill/injured person	Details of the illness/injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider