



Medical Needs Policy

PRIMARY
ADVANTAGE

SCHOOLS ACHIEVING
MORE TOGETHER

Primary Advantage



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Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how the Primary Advantage Federation schools (“schools”) will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including schools trips and sporting activities.

Legislation and statutory responsibilities

The policy meets the requirements under section 100 of the Children and Families Act 2014 including the following:

- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The following policy should be read alongside the DfE’s document ‘Supporting pupils at school with medical conditions’ (December 2015).

Definitions

For the purpose of this policy the following definitions apply;

- Those who are considered disabled under the Equality Act 2010 whereby they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities
- Those who have special education needs (SEND) or have a statement or educational, health and Care (EHC) plan.
- Medicines (including a controlled drug which has been legally prescribed).

SEND

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the [Special educational needs and disability \(SEND\) code of practice](#). For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

Rationale

The schools believe that medicines should normally be given to pupils at home. Even a medicine to be given three times a day could be administered before school, immediately after school and at bedtime.

Parents/Carers are requested to bring all other prescribed medication to the attention of the Headteacher/Head of School in the first instance; or other designated member of school staff i.e. Pastoral Support Officers. She/he will then decide on the appropriate course of action. The medical conditions that most commonly cause concern in school are asthma, diabetes, epilepsy and severe reaction (anaphylaxis).

The school ensures that members of staff are given awareness training on a regular basis, and medical plans are in place for pupils with any of the above listed medical requirements.

Admission to School

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 safe guarding 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.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example calling 999). All pupils' Individual Healthcare Plans will clearly set out what constitutes an emergency and will explain what to do. When a pupil is taken to hospital by ambulance, he/she will be accompanied by a member of staff who will remain with that child until the parent arrives. After the event, the emergency should be documented on an Accident/Incident Form. This form will need to be sent to the local authority for the attention of David Pullen, email address: David.Pullen@hackney.gov.uk. (See Appendix 1).

Educational Visits and Sporting Activities

Sometimes the school may need to take additional measures for outside visits and or sporting activities to support any children with medical needs. Staff supervising excursions or sports will be made aware of any student medical needs and relevant emergency procedures, in particular, if child is on an Individual Healthcare Plan. In some circumstances the parent or their representative may be asked to accompany the child but should not be required to, in the event that the parent be unable to attend.

All children irrespective of medical needs are encouraged to participate as much as possible in the life of the school.

Roles and Responsibilities

- **Role of the Central Governing Board (CGB)**

It is the CGB responsibility to oversee the support of pupils at school with medical conditions which is delegated to each individual schools Local Advisory Boards (LAB). They must ensure that arrangements are in place within the school for this. In doing so they should ensure that such children can enjoy the same opportunities at school as any other child. Parents and pupils should have confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

- **Role of the Headteacher/Head of School**

The Headteacher/Head of School has overall responsibility for implementing the policy and procedures for dealing with medical needs and will effectively delegate and oversee the implementation of this policy by the Pastoral Support Manager. This will include the Headteacher/Head of School ensuring that attention is paid to the safe storage, handling and disposal of medicines, and that all relevant paperwork is being completed and stored as per the policy, including that the parent/carer has completed a form for the administration of medicine/s on a long term basis. (Appendix 2).

It is the responsibility of the Headteacher/Head of School to ensure that staff are suitably trained and should a member of staff be absent cover will be arranged to ensure the pupil is supported; and be able to cover all Individual Healthcare Plans in the school (both day to day and emergency cover). If a supply teacher comes into contact with a pupil with a known medical condition, they will also be briefed.

- **Role of the Pastoral Support Manager (where applicable)**

The Pastoral Support Manager will take the main lead in ensuring that all parents are aware of this policy either at induction meetings or when any pupil is admitted to the school, alongside any new arrivals of pupils throughout the academic year. They will liaise with appropriate members of staff and ensure that all relevant documentation is completed and links made with any agencies (if required). They will follow the procedures of this policy whenever a pupil has a medical condition and will monitor individual healthcare plans. Where the school does not have a Pastoral Support Manager procedures will be put in place to ensure other designated staff members support the pupils.

- **Role of Teachers and other School Staff**

Schools that have a pupil with medical needs in their class will be told of the nature of the condition and as to when the pupil may need extra attention. The Pastoral Support Manager or other designated staff member will arrange for a meeting to take place with the parent/carer, school nurse and class teacher of the child so that full understanding is reached. They will also be made aware what action should be taken if an emergency should arise. It is the class teacher's responsibility to liaise with the Pastoral Support Manager or other designated staff member when a pupil has short term and frequent absences, including those for appointments connected with a medical condition. Appropriate support will need to be put in place i.e. giving homework to the Pastoral Support Manager or other designated staff member so he/she can schedule a home visit. This will limit the impact on the child's educational attainment as well as their emotional and general wellbeing.

All staff directly involved with the administering of medicine will have the appropriate training and ensure a record is kept of this. Staff who are not trained must not give prescription medicines or undertake healthcare procedures.

- **Role of the School Nurse/Health Professionals (Under 2's) and Health Commissioner**

They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school (as informed by other healthcare professionals); including undertaking the process of creating an Individual Healthcare Plan or updates to an existing one. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role beyond this in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

- **Role of the Local Authority**

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children

and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should 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. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils 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 child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

- **Role of the Parent/Carer**

Parents/Carers are a pupil's main care provider. They are responsible for making sure that their child/ren is well enough in the first place to attend school. Where necessary, parents will be asked to provide the Headteacher/Head of School or Pastoral Support Manager with sufficient and up to date information about their child's medical condition, and any treatment or special care needed at school. All parents that request the school to administer medicines, to support long term illnesses, will be asked to complete a medical permission form (Appendix 2).

- **Role of the Pupil**

Pupils who have been given permission by their parents to manage their own needs must be responsible when doing so and be accompanied by a trained member of staff. This will be reflected within their individual health care plans if a plan is necessary.

Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil or any pupil with long term medical needs. The school requests this information when the child is admitted to school or when a pupil develops a condition.

The following information must be recorded:

- Details of the condition
- Special requirements e.g. Dietary needs or pre-activity precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school plays

The school will draw up an appropriate individual healthcare plan and maintain a medical register of which all staff will be made aware. (Appendix 3)

Individual Healthcare Plans (IHCP)

Individual Healthcare Plans can help to ensure that schools effectively support pupils with medical conditions. Most pupils at some time have a medical condition that may affect their participation in school activities. For the majority this will be short term. Some may have medical conditions that, if not properly managed, could limit their access to education. In such cases it may be necessary to provide an Individual Healthcare Plan which will ensure that school staff have sufficient information to understand and support a child with long term medical needs, however not all pupils will require one.

This plan will focus on the needs of each individual child and how the medical condition impacts their school life and who is responsible for their development. The school, healthcare professional and parent should agree, based on the evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the Headteacher/Head of School will make the final decision.

Within the Individual Health Care Plan should be the following:

- 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 (some children will be able to take responsibility for their own health needs) including emergencies. If a child is self-managing their medicine 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 child'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 child's condition and the support required.
- Arrangements for written permission from parents and the Headteacher/Head of School 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 child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children 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 child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Parental Permission

Medicines will not be administered unless we have the written permission of parents, which will be the case for IHCP. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

In the event of a child coming into school with medicines without a permission slip, the school will attempt to gain consent for administration over the phone. If the school is unable to contact parents this way, then the medicine will not be administered.

Administration of Medicines

All medicines (including a controlled drug which has been legally prescribed) will be administered to a pupil if the medicine has been prescribed by the pupil's doctor, and are subject to a IHCP. The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original packaging and include instructions for administration, dosage, storage and side effects.

All staff training in first aid and specialist medicine administration i.e. Anti-histamine (Epi-pen) should clearly be displayed within the school. Areas such as the school office, the staff room and classrooms should have pictures of appropriate staff detailing what training these members of staff have had.

If a child 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 should be informed so that alternative options can be considered.

- **Asthma Inhalers and creams**

Asthma inhalers and creams for skin conditions can be kept in school for the pupil to administer themselves when needed (assistance can be provided by a qualified first aider in the administering of asthma inhalers for younger pupils, especially if they are using a spacer).

Schools can administer creams for skin conditions such as eczema. Staff must not rub cream onto a pupil's body. Pupils must administer cream themselves under the supervision of a member of staff.

Defibrillators

The schools have access to a Defibrillator and members of staff have been trained to use it. Those staff who are trained are clearly identified at first aid points around the school.

Where Medicine is Stored

No medicines should be kept in the class or in the child's possession. All medicines are kept in a designated and marked container within the fridge or stored in the medical cupboard. Administration of medicines takes place in the medical area, unless emergency procedures are being followed. The Headteacher should nominate a member of staff to monitor the contents of the medical cupboard.

- **Inhalers**

All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. Each school will have their own process and location for storing medicines.

If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure.

Students, who do not carry and administer their own emergency medicines, should know where their inhalers are stored. Students who are self-managing are reminded to carry their inhalers and spacers with them at all times

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). If parents have not given permission and cannot be located, then the emergency services will be contacted and advice followed from the emergency services re the giving of a third party inhaler.

- **Epi-pens and Anaphylaxis Shock Training**

For pupils who require an Epi-pen to treat the symptoms of anaphylaxis shock, these will be stored centrally in the medical cupboard. Relevant staff receive regular training on the use of Epi-pens. All pupils who

require the use of an Epi-pen are subject to Individual Healthcare Plan and are listed on the medical board in the medical cupboard.

Other Medical Problems

At the beginning of each academic year, any medical problems are shared with staff and a list of children and their conditions is kept in the medical cupboard. New photographs and signs are made of children with severe medical problems such as asthma.

School Trips

Risk assessments for school trips, holidays and other school timetables outside of the normal timetable should be arranged prior to the date the trip will be taking place. Class teachers must ensure that a qualified first aider or trained first responder is part of the trip ratio for any trip.

The trained a qualified first aider or trained first responder is responsible for overseeing the following:

Prior to the class leaving school on a trip:

- meet with the Pastoral Support Manager (PSM), at the end of the day prior to the trip and ensure that they are aware of the children with any medical conditions attending the trip;
- check and pack a full trip 'first aid kit'
- check and pack any medications held by the school for pupils attending the trip, if medications are required to be refrigerated, collect in the morning and pack with an ice pack to keep cool;
- Ensure that they have copies of relevant documentation for medical needs whilst out (Medical Form, copy of Individual Health Care Plan)

Upon return from a class attending a school trip:

- meet with the Pastoral Support Manager (PSM) to 'hand over' all medications taken off site for the trip, any completed documentation whilst on the trip and return the First Aid Kit. These must be handed directly to the PSM, not left in the office for collection.

Administration of Medicines File

All medicine permission slips are kept in the Pastoral Support Managers office or school office. Completed forms and copies of pupils Individual Healthcare Plans are kept in the current academic year 'Pupils Medical Needs Folder', also located in the Pastoral Support Managers Office. A copy of all documents is also kept in pupil's individual personnel files.

When medicines are administered, staff must complete a 'medical form' which is stored with the medicine. The form should state the date of administration, the dosage, name of staff who administered the medicine and signature form that member of staff (Appendix 4). At the end of the academic year all medical forms should be stored in a 'Medical Log Book. Completed 'medical forms' are then stored behind the pupils Individual Health Care Plan, in the Pupils Medical Needs Folder'.

Before administering any medicines, staff should check the 'Medical Log Book', and read the date entry section, to ensure that no medication has already been administered to the pupil. If there are any changes in frequency of medication intake, parents should be notified.

Unacceptable Practice

Although staff should use their discretions and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children 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.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children 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.

Insurance

The appropriate level of insurance is in place to coincide with this policy. Insurance policies will be made accessible to staff who provide support to pupils and detail the arrangements for staff.

All schools have liability insurance which covers children in case of an accident. Schools will ensure the liability insurance certificate is visibly displayed in the school.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue they may make a formal complaint via the school's complaint procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Monitoring and Review

The Headteacher/Head of School implements the school's Managing Medicines in Schools Policy, which is overseen on a day-to-day basis by the Pastoral Support Manager, and both ensure that all staff are aware of the details of the policy as it applies to them. This policy is accessible to parents at any time, should they request to see it. The Headteacher/Head of School reports to the Local Advisory Board annually on health and safety issues.

This policy will be reviewed at least once every three years and/or at any time that a request is made to do so by staff, governors and Local Advisory Board members, or required by law.

APPENDIX 1 - Accident/Incident Report Form
Accident/Incident Report Form
A. Notification to The London Borough Hackney Health and Safety Advisor

Incidents involving the death of any person, whether or not they are at work; a major injury or an over-7-day injury to a member of staff; or an injury which requires a pupil or visitor to be taken to hospital by whatever means, must be immediately reported to the Health and Safety Advisor (HLT) on 020 8356 2278.

B. Accident/Incident details

Date of incident:	/ /
Time of incident:	: (24hr clock)
School:	
Exact location:	
Type of incident:	<input type="checkbox"/> Actual <input type="checkbox"/> Near miss
Incident classification:	<input type="checkbox"/> Defective equipment <input type="checkbox"/> Defective premises <input type="checkbox"/> Fire <input type="checkbox"/> Ill health <input type="checkbox"/> Personal accident <input type="checkbox"/> Violence/abuse <input type="checkbox"/> Other

C. Person directly affected

Category:	<input type="checkbox"/> Staff <input type="checkbox"/> Pupil <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor
Position held: (staff)	
Year group: (pupil)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	/ /
Forename:	
Surname:	
Address:	
Post code:	
Home tel. no:	
Work tel. no:	

D. Full description of the accident/incident

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E. Immediate action taken to prevent reoccurrence

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F. Injury summary	
Minor Cuts	<input type="checkbox"/>
Cuts needing stitches	<input type="checkbox"/>
Bruises/grazes	<input type="checkbox"/>
Strains/sprains	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>
Burns	<input type="checkbox"/>
Electric shock	<input type="checkbox"/>
Headache/nausea	<input type="checkbox"/>
Inflammation	<input type="checkbox"/>
Loss of consciousness	<input type="checkbox"/>
Loss of sight	<input type="checkbox"/>
Multiple injuries	<input type="checkbox"/>
General pain	<input type="checkbox"/>
Punctures	<input type="checkbox"/>
Scalds	<input type="checkbox"/>
Other (state)	
H. Was the injury	
a fatality?	<input type="checkbox"/>
a major injury?	<input type="checkbox"/>
to an employee requiring over-3-day absence?	<input type="checkbox"/>
to a pupil or visitor requiring them to be taken to hospital?	<input type="checkbox"/>
J. Absence	
First day of absence	/ /
Date returned to work	/ /
No. of days absent	
K. Did the injured person	
remain in hospital for more than 24 hours?	<input type="checkbox"/>
G. Part of body injured	
	Left Right
Head	<input type="checkbox"/>
Face	<input type="checkbox"/>
Eye	<input type="checkbox"/> <input type="checkbox"/>
Shoulder	<input type="checkbox"/> <input type="checkbox"/>
Arm	<input type="checkbox"/> <input type="checkbox"/>
Hand	<input type="checkbox"/> <input type="checkbox"/>
Finger (show which hand)	<input type="checkbox"/> <input type="checkbox"/>
Torso	<input type="checkbox"/>
Pelvis	<input type="checkbox"/>
Leg	<input type="checkbox"/> <input type="checkbox"/>
Foot	<input type="checkbox"/> <input type="checkbox"/>
Toe (show which foot)	<input type="checkbox"/> <input type="checkbox"/>
Back	<input type="checkbox"/>
Other (state)	
I. About the accident	
Please tick the box that best describes the accident	
Contact with moving machinery	<input type="checkbox"/>
Hit by a moving, flying, falling object	<input type="checkbox"/>
Hit by a moving vehicle	<input type="checkbox"/>
Hit something fixed	<input type="checkbox"/>
Injured whilst handling, lifting, carrying	<input type="checkbox"/>
Fall from height (how high was fall?) metres	
Trapped by something collapsing	<input type="checkbox"/>
Drowned or asphyxiated	<input type="checkbox"/>
Exposed to, or contact with, harmful substance	<input type="checkbox"/>

need resuscitation?	<input type="checkbox"/>	Exposed to fire	<input type="checkbox"/>
none of the above	<input type="checkbox"/>	Exposed to an explosion	<input type="checkbox"/>
L. RIDDOR (for H&S Office use)		Contact with electricity	<input type="checkbox"/>
Reported by:		Injured during Play / sports activity	<input type="checkbox"/>
Reported on:		Assaulted by a person	<input type="checkbox"/>
Form completed by:	Position	Dated	

APPENDIX 2 - Parental Permission Form

PERMISSION TO ADMINISTER MEDICATION

<p><u>Insert Picture of child</u></p>

<p>NAME</p>	<p>CLASS</p>
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<p>MEDICAL CONDITION</p>

<p>MEDICATION</p>	<p>LOCATION IN SCHOOL</p>
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<p>WHEN TO ADMINISTER</p>	<p>HOW TO ADMINISTER</p>
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<p>SIDE EFFECTS</p>

I give permission for my child's medication to be administered by the school. I will provide my child's medicine in the package it was originally provided, including the leaflet within the packaging. I will provide the school with sufficient and up-to-date information about my child's medical needs.

Signed _____

Date _____



APPENDIX 3 - Individual Healthcare Plan

Health Care Plan for

Name of School:

Child's Name:
Group/Class/Form:
Date of Birth:
Emergency Contact:
Name:
Telephone no :



Date of Assessment
Care plan completed by: Date: Review date:
Designation

Family Contact Information
Name: Relationship:
Phone number (Mobile): (Home):

Clinic/Hospital Contact
Name: Phone number:
Name: Phone number:
G.P:
Telephone No:

Medical Diagnosis or Condition:



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Medication
Prescribed medication for
Other conditions that –..... has are;
Other medication –..... -takes at home are;

Medication
Name of medicine:
Dosage:
Side-effects:
Stored:

Describe medical needs

Triggers

Give details of child's symptoms

Describe what constitutes an emergency for the child, and the action to take if this occurs
School staff to take the following procedure if any of the above symptoms occur:

Care Plan Responsibilities	
SENCO	
School Health service	
Classroom staff	
Parent	
Child	

Who is responsible in an emergency (state if different for off-site activities)
In school - Contact the school teacher On School Visit - First Aiders On school Transport - transport staff

Follow up

NB: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

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

Parent's/Carer's SignaturePrint Name: Date:.....

School Nurse SignaturePrint Name:Date:.....

SENCO Signature Print Name: Date:.....

Form copied to: School SENCO Child's Parents Others

APPENDIX 4 - Medicine Log Form (example)

NAME:				
MEDICATION:				
MEDICATION	DATE	TIME	DOSAGE	INITIAL
		:		
		:		
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Policy written:	April 2014
Amended/Updated:	May 2018
Reviewed by the Central Governing Board:	24 th May 2018
Review date:	24 th May 2021
Policy owner:	Provisions and Outcomes Committee

The Central Governing Board has reviewed this policy with careful consideration of our approach to equalities as outlined in the Equalities Policy, December 2016.

We would like to acknowledge the work of other colleagues in drafting this policy. We have drawn on a range of sources including policies from other schools, good practice guides, published schemes and LA and Statutory guidelines where appropriate.

