Bright Futures
EDUCATIONAL TRUST
The best *for* everyone, the best *from* everyone

Supporting Pupils at School with Medical Conditions Policy

Date of Policy Approval:	**September 2026**
Owner of Policy:	**Trust Safeguarding Lead**
Authorised By:	**Executive Team**
Policy Review Date:	**September 2027**
Distribution:	**All Staff** **Websites**

This is a Trust-Wide Policy which has had some content adapted to ensure relevance to individual schools within the Trust.

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

This policy includes guidance on:-

Roles and responsibilities, managing medicines, medical interventions on school premises, storage of medicines and equipment, Individual Health Care Plans (IHCP) and managing emergencies. It should be read alongside the Trust Allergy Policy [insert link].

Bright Futures Educational Trust's Strategy underpins all aspects of this policy and the way in which it will be applied.

The specific elements of the strategy are:

- Our vision '**the best *for* everyone, the best *from* everyone**'

- Our six values; **Leadership**: We take ownership of our responsibilities and find the leader in all of us. **Integrity**: We do the right things for the right reasons, always being courageously true to our mission. **Passion**: We love what we do and feel the power of possible through innovation and creativity. **Community**: We work in collaboration with communities and wider partners celebrating diversity as our strength. **Equality**: We nurture, value, respect and empower all, understanding that equity sits at the heart of all opportunities. **Resilience**: We prioritise our wellbeing whilst embracing challenge, adapting flexibly and learning as we grow.

- Our commitments: **Children at the heart of decision making, Collaboration and strong relationships, Professional support, challenge and learning, Champion social justice and equity for all, Strong Governance & accountability, Ensuring efficiency and best use of resources for impact.**

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What is the Policy for?

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

Who is the Policy for?

The policy applies to all staff employed Bright Futures Educational Trust, as well as members of the Local Governing Bodies of those establishments, central operations staff, Members and Trustees and any consultants undertaking work on behalf of the Trust.

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school

The Trust is committed to meeting its duties under the Equality Act 2010 and the Children and Families Act 2014 by ensuring that pupils with medical conditions, disabilities and special educational needs receive appropriate support, reasonable adjustments and access arrangements to enable them to participate fully in school life and achieve the best possible outcomes.

This policy also complies with our funding agreement and articles of association.

ROLES AND RESPONSIBILITIES

Principal/Head of School

Principals/Heads of School are responsible for:-

1. Ensuring all staff are aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures.

2. Designating a named individual/s who is responsible for effective implementation of this policy: Stuart Nicholls (Principal) Robyn Stevenson (Vice Principal & DSL) and the School Nurse.

3. Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.

4. Ensuring all relevant staff are aware of an individual child's medical condition and needs.

5. Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Healthcare Plans (IHPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.

6. Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1).

7. Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.

8. Ensuring that IHPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.

9. Ensuring IHPs are monitored and are subject to review, at least annually, or sooner if there is a significant change in the pupil's medical condition, medical treatment, school assessment, support arrangements or risk profile following a signficant incident.

10. Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.

11. Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.

12. Ensuring a complaints procedure is in place and is accessible.

13. Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).

14. Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A).

15. Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.

16. Deciding, on receipt of a 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate.

Members of School Staff

1. Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.

2. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

3. Where children have an IHP, the roles and responsibilities of staff will be clearly recorded and agreed.

Parents/Carers

Parents/carers are required to:-

1. Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of a 'Parent/Carer Information about a Child's Medical Condition' form (Template A).

2. Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school.

3. Complete, if appropriate, a 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child.

4. Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.

5. Carry out any action they have agreed to as part of the implementation of an IHP.

6. Provide any medication in its original packaging, with the pharmacy label stating the following:
    - Child's name
    - Child's date of birth

- Name of medicine
- Frequency / time medication administered
- Dosage and method of administration
- Special storage arrangements

7. Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.

8. Collect and dispose of any medicines held in school at the end of each term or as agreed. (Template H)

9. Provide any equipment required to carry out a medical intervention e.g. catheter tubes.

10. Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

Pupil Information

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

Administration of Medicines / Medical Interventions

1. Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.

2. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

3. No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

4. The Principal will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

5. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

6. The Principal will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self–Administration of Medication/Medical Intervention' (Template C);

7. All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

8. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

9. Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

10. Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
    - Name of pupil
    - Written instructions provided by the parents/carers or healthcare professional or as agreed in an IHP
    - Prescribed dose, if appropriate
    - Expiry date, if appropriate

11. Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template D)

12. No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

Child's Role in managing their own Medical Needs

1. After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

2. Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's self–administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

3. Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's self–administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

4. Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHP.

Refusing Medication / Medical Intervention

1. If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

2. Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Storage of Medicines / Medical Intervention Equipment and Resources

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required:

- Medicines and medical equipment will be stored safely and securely in accordance with the manufacturer's instructions, whilst remaining accessible to authorised staff when needed.
- Medicines will be clearly labelled with the pupil's name, dosage instructions and expiry date, where applicable.
- A system will be in place to monitor expiry dates, and parents/carers will be notified when replacement medication or equipment is required.
- Medicines requiring refrigeration will be stored in a designated refrigerator maintained at the appropriate temperature and inaccessible to unauthorised individuals.
- Emergency medication, such as adrenaline auto-injectors or inhalers, will be stored in a location that allows for immediate access in an emergency.
- Parents/carers are responsible for ensuring that medicines supplied to the school are in date and provided in their original packaging, where appropriate.
- Expired, discontinued or no longer required medicines will be returned to parents/carers for safe disposal. School staff will not dispose of medicines unless specifically authorised and able to do so safely.
- Sharps, including used needles, will be disposed of immediately in an approved sharps container and in accordance with health and safety requirements.

- Regular checks will be undertaken to ensure medicines and medical equipment remain in good condition, are in date and are stored appropriately.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

1. A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

2. Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

3. Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHP.

4. Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHP.

Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage administered
- A note of any side effects / reactions observed
- Details of any agreed changes to the prescribed protocol and confirmation that appropriate authority was received
- Confirmation of whether the medication was taken as prescribed, refused, partially taken, or a dose was missed
- Details of any medication errors, omissions or delays in administration and the actions taken
- Details of any adverse reaction, incident or emergency response required
- Confirmation that the medication was in date and suitable for use at the time of administration
- Details of any medication found to be damaged, contaminated, out of date or otherwise unsuitable for use, including actions taken and notification to parents/carers

- Signature or electronic confirmation of the member of staff completing the record

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E), this is specifically for one-off circumstances that do not warrant an IHP.

STAFF TRAINING

1. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

2. All staff will be made aware of the School's Policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHPs, staff briefing sessions etc.

3. Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

4. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

6. Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHPs. Induction training will raise awareness of the School's Policy and practice on supporting pupils with medical condition(s).

7. Training will be sufficient to ensure staff are competent and have confidence in their ability. The School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

8. A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

INDIVIDUAL HEALTHCARE PLANS (IHP)

Where appropriate, an IHP will be developed where the pupil's medical needs require individualised arrangements for support in school. This will be determined on a case by case basis. An IHP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHP will be dependent on the complexity of their needs and may include the following:

- An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities.
- Arrangements around administration of medication(s) / medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
- Risk assessment for access to the school environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
- How, if agreed, the child is taking responsibility for their own health needs.
- A reference to staff confidentiality.
- The views, wishes and aspirations of the child and how these have been taken into account.
- The views of parents/carers and their role in supporting the child's medical needs.
- Relevant advice, recommendations and clinical information provided by healthcare professionals and other specialist agencies.
- Current emergency contact details for parents/carers and any other nominated contacts.
- The names and roles of key school staff responsible for implementing, monitoring and reviewing the IHP.
- Details of communication and information-sharing arrangements between school, home and relevant professionals.
- The date the IHP was agreed, review arrangements and the date of the next scheduled review.
- Any specific arrangements for educational visits, extracurricular activities, transport and transitions where relevant.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHP are relevant to an individual child.

Individual Healthcare Plans will be reviewed annually or sooner if needs change

INTIMATE AND INVASIVE CARE

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils IHP and take account of safeguarding issues for both staff and pupils.

Operational procedures for intimate and invasive care will:

- Be supported by written parental consent and, where appropriate, the informed involvement and agreement of the pupil.
- Clearly set out the nature of the care required, who is authorised to provide it, and any training or competency requirements.
- Promote and protect the pupil's dignity, privacy, bodily autonomy and wellbeing at all times.
- Ensure care is delivered in an appropriate environment that balances privacy with safeguarding considerations.
- Take account of the pupil's age, developmental stage, communication needs, cultural background, gender identity and personal preferences, where reasonably practicable.
- Ensure that pupils are encouraged to participate in and take increasing responsibility for their own care where appropriate.
- Include arrangements for maintaining confidentiality and sharing information only on a need-to-know basis.
- Provide clear guidance on recording, reporting and responding to any concerns, incidents, accidents or safeguarding issues arising during the delivery of care.
- Be reviewed regularly, and whenever there is a change in the pupil's medical needs, care requirements or circumstances.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

1. We will anticipate how we can support pupils with medical conditions and will actively support them and in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

2. Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

3. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

4. School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure

the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

5. In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

6. Arrangements will be in place to ensure that an IHP can be implemented fully and safely when out of school. Risk assessment will identify how IHPs will be implemented effectively off-site and where additional supervision or resources are required.

MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Principal will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHP this will clearly define what constitutes an emergency and describes what to do. This may include:

- An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.

- A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

1. School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

2. School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers. In accordance with confidentiality and safeguarding requirements parents/carers and pupils will be informed about information sharing whenever possible and appropriate.

3. Where the child has an IHP this will be shared with key staff with regular, scheduled re-briefings.

4. School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

5. School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines. The Trust/school maintains appropriate insurance arrangements in respect of the administration of medicines and medical interventions undertaken by authorised staff in the course of their duties. Staff should follow this policy, relevant risk assessments and Individual Healthcare Plans at all times.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Principal / SENCo.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in in accordance with the Trust's Complaints Policy.

UNACCEPTABLE PRACTICE

Bright Futures considers that the following constitute unacceptable practice:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs.

- Preventing children from participating, or creating unnecessary barriers to children participating in, any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.

- Preventing children from easily accessing and administering their medicines as and where necessary.

- Assuming every child with the same condition requires the same treatment.

- Ignoring the views of the child and/or their parents/carers (although this may be challenged).

- Ignoring medical evidence or opinion (although this may be challenged).

- Sending children with medical conditions home frequently.

- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHP.

- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

APPENDIX 1: Sample Procedure Following Notification of a Pupil's Medical Needs

Notification

- School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school.
- Parents asked to complete **'Parent/Carer Information about a Child's Medical Condition'form (Template A)**.
- School notifies School Nursing Service if the child has not yet been brought to their attention.

Initial Meeting

- School Lead and parents/carers meet to discuss **'Parent/Carer Information about a Child's Medical Condition' form (Template A).**

Formal Request

- Parent/carer completes **'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B),** if required
- Parent/carer completes **'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' form (Template C),** if required.

Multi-agency Meeting

- School co-ordinates a multi-agency meeting to include parents/carers, relevant healthcare professionals and any other professionals or agencies involved to identify pupil support needs and staff training needs.

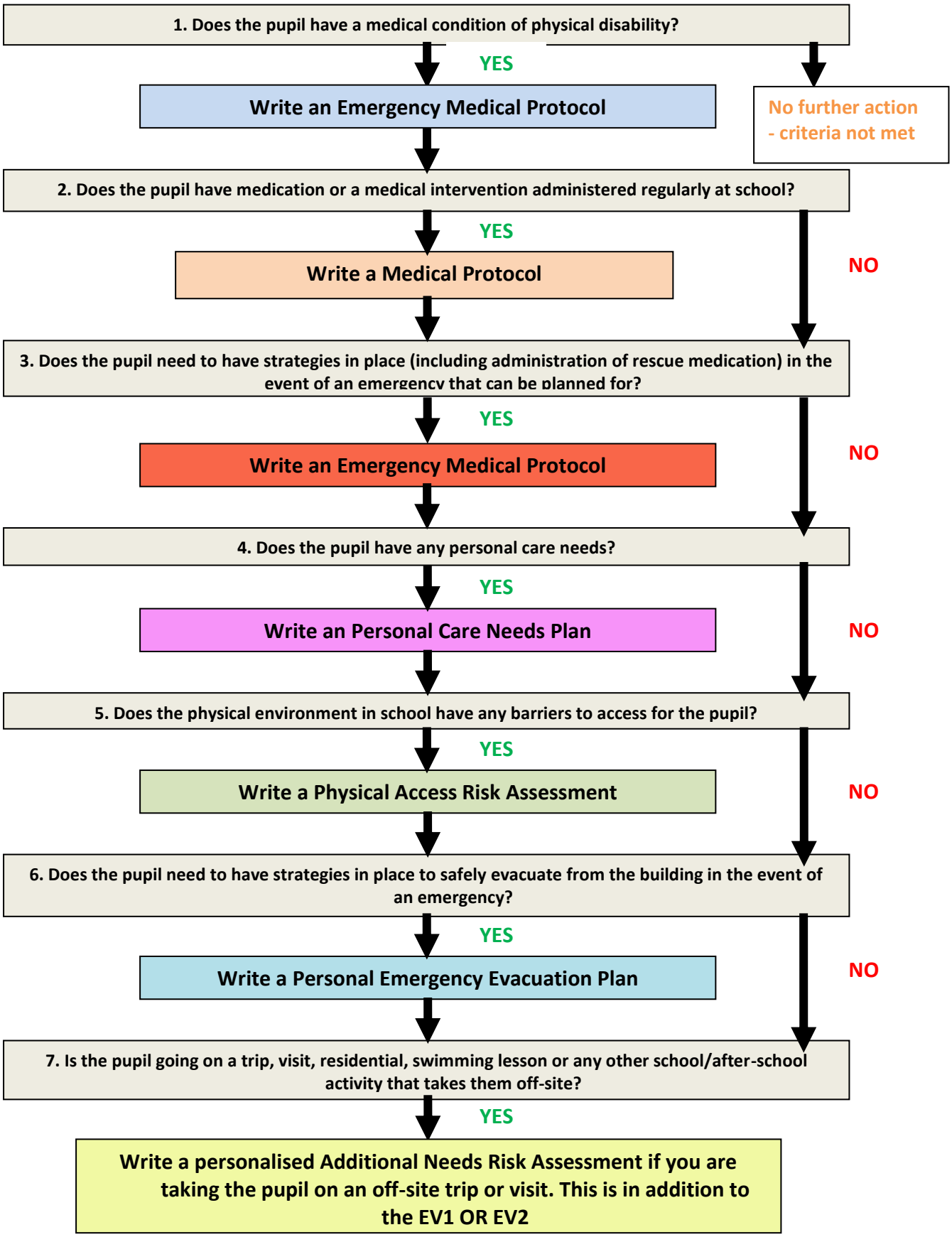
Staffing

- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff and recorded on **'Record of Staff Training' form (Template E).**

IHCP

- School develops an **Individual Healthcare Plan** (IHCP), if appropriate, with parents/carers, pupil, healthcare and other relevant professionals.
- IHCP agreed by parents/carers and the school.

APPENDIX 2: Individual Healthcare Plans (IHP) Flow Chart



TEMPLATE A: Parent/Carer Information about a Child's Medical Condition

Date	
Child's Full Name	
Group / Class / Form	
Date of Birth	
Child's Address	

Family Contact Information	
1. Name	
Relationship to Child	
Phone No. (Work)	
Phone No. (Home)	
Phone No. (Mobile)	
2. Name	
Relationship to Child	
Phone No. (Work)	
Phone No. (Home)	
Phone No. (Mobile)	

Healthcare Professional Contact Information

GP (General Practitioner)	
Name	
Medical Practice / Health Centre	
Phone No.	
Hospital / Clinic Consultant / Specialist Nurse	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	
Community Health e.g. Paediatrician, Physiotherapist, Occupational Therapist	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	

Child's Medical Information

Diagnosis / Conditions	
Regular Medicine	
1. Name	
Time Administered	
Side Effects	
Contra-indications	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	***(Please circle as appropriate)*** **Yes** **No**
2. Name	
Time Administered	
Side Effects	
Contra-indications	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	***(Please circle as appropriate)*** **Yes** **No**
Medicine Administered in a Medical Emergency	
1. Name	
Time Administered	
Side Effects	
Contra-indications	

Regular Medical Intervention e.g. Catheterisation, suction/tracheostomy care	
Name of Intervention	
Time Administered	
Equipment Used	
Does the child require this medicine to be administered regularly e.g. every day during the school day?	***(Please circle as appropriate)*** **Yes** **No**
Mobility - Movement and Walking	
Walking Aids Used	
Support Needs	
Physiotherapy Needs / Programmes	
Personal Care	
Dressing Needs	
Eating / Drinking Needs	
Bathroom / Toilet Needs	
Other Information	

Parent / Carer Declaration and Signature

I agree this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to the school informing the School Nursing Service about my child's needs, if this service is not already aware.

I agree to inform school of any changes in medical needs or medication, immediately and in writing.

Parent/ Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N If no, date that School Nursing Service informed
Date Review Due	

TEMPLATE B: Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Full Name	
Group / Class / Form	
Date of Birth	
Medical Condition(s)	
Date	

Medicine	
1. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	
Self-Administration*	***(Please circle as appropriate)*** **Yes** **No**
**If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.*	

Medicine	
2. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	
Self-Administration*	***(Please circle as appropriate)*** **Yes** **No**
**If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.*	
Medical Intervention e.g. Catheterisation, Tracheostomy care	
Type of Intervention	
Procedure	
Timing(s)	
Other Information	
Potential Emergency Situations	
Self-Administration*	***(Please circle as appropriate)*** **Yes** **No**
**If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.*	
Parent / Carer Contact Details	
Name	
Relationship to Child	
Daytime Contact No;	
Address	

Parents/Carers Declaration and Signature

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped or if there are any changes to the procedure for the delivery of a medical intervention.

Parent/ Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
Date Agreed by Headteacher / Principal	
Date Review Due	

TEMPLATE C: Parent/Carer Request for the Child's Self–Administration of Medication/Medical Intervention

Child's Details	
Child's Full Name	
Group / Class / Form	
Date of Birth	
Parent / Carer's Contact Details	
Parent / Carer Full Name	
Phone No. (Home)	
Phone No. (Work)	
Phone No. (Mobile)	
GP	
Name of GP	
Medical Practice / Health Centre	
Phone No.	

Parent/Carer Declaration and Signature

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. _____

2. _____

3. _____

I request and agree to: (please tick from the following)

☐ My child carrying the stated medicine(s) independently and safely

☐ School holding the stated medicine(s) safely for my child to collect and administer independently

☐ School holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff

☐ My child carrying any equipment or resources required for the stated medical intervention independently and safely

☐ School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently

☐ School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

I undertake to inform the school in writing if there are any changes to medicine(s) or medical intervention(s) e.g. change of dose, change of timings or frequency or if administration is stopped.

Parent/ Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
Date Review Due	

TEMPLATE D: Record of Administration of Medicines/Medical Intervention to an Individual Child e.g. under an IHP

Child's Name _____ Date of Birth _____ Group / Class / Form _____

Date of Administration	Name of Medicine / Medical Intervention	Dose Given (if appropriate)	Time	Observations e.g. side effects, reactions	Name of Staff Administrating / Supervising	Signature

TEMPLATE E: Record of Administration of Medicine(s) to Children without an IHP

(specifically for one-off circumstances that do not warrant an IHP)

Child's Name _____ Date of Birth _____ Group / Class / Form _____

Date	Name of Child	Group / Class / Form	Name of Medicine	Dose Given	Time	Observations e.g. side effects, reactions	Name of Staff	Signature

TEMPLATE F: Record of Staff Training

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

Trainer Declaration

I confirm that _____ (name of member of staff)
has received the training detailed above.

I recommend this is updated annually / every two years / other _____
(please delete as appropriate).

Trainer's Signature _____

Date _____

Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature _____

Date _____

School Use Only	
Date Review Due	

TEMPLATE G: Procedure for Contacting Emergencies Services

Requesting an Ambulance

Dial 999

Speak clearly and slowly.

Be ready to repeat information if asked.

You will be asked for three key pieces of information:

1. Your **telephone** number
2. The **location** you want the ambulance to be sent to
3. The **reason** for the call

1.	School's Telephone Number is:	
2.	School Name	
	School Address	
	School Postcode for SATNAV	
	Best Entrance to School Site	
	Exact Location of the Patient within the School	
STATE THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT		
3.	Name of Child	
	Age of Child	
	Description of Child's Symptoms	
	Inform if Underlying Medical Condition	
	Inform if any emergency rescue medication has been administered e.g. Midazolam - epilepsy, epipen - allergies, glucose - diabetes	
	Inform if any emergency procedures have been carried out e.g. suction/trache tube replacement - tracheostomy, button replacement - gastro feed	

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to the patient.
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate.
- In the case of a child with complex needs, member of staff to pass over the child's IHP or summary letter stating child's medical condition and medication.
- Member of staff to travel in the ambulance with the patient.

TEMPLATE H: Medication Register – Date:

	NAME	MEDICATION	Date on Premises / Initial	Receipt Given	Prescription Start Date	Expiry Date	Batch No.	Date Leave Premises / Initial
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								