



# Weeke Primary School

## Supporting Pupils with Medical Conditions including children with health conditions that cannot attend school

**Date agreed:** November 2022

**Review date:** November 2025

### Rationale

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at the school with medical conditions. The Headteacher is responsible for ensuring that arrangements are in place to support these pupils and that staff are suitably trained.

### Aim

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential.

### Definitions of Medical Conditions

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

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

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

Some children with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy and the individual healthcare plan will become part of the EHCP.

### Roles & Responsibilities

#### Governing Body will ensure:-

- This policy is reviewed regularly and is regularly accessible to parents and school staff.
- The procedures outlined in this policy are followed.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Pupils with medical conditions are supported to enable the fullest participation possible in school life.
- Members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### Headteacher will ensure:-

- All staff are aware of the policy for supporting pupils with medical conditions, understand their role in its implementation and be aware of the individual healthcare plans.
- All relevant staff are aware of the child's condition.
- Sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- The school nursing service has been informed, in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Care plans are reviewed on an annual basis.

#### The Assistant Headteacher will ensure:-

- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Monitoring of individual healthcare plans

### **The Administrative Assistant will:-**

- Briefing for supply teachers.
- Contact parents when, a staff member informs the School Office that, a child has used their inhaler.

### **The Deputy Head will ensure:-**

- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable

### **Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. There is no legal duty requiring staff to administer medicines, but schools need to ensure they have sufficient members of staff who are appropriately trained as part of their duties.
- Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff will receive appropriate training annually. They should be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. The school will approach the School Nursing Service regarding any queries.
- Staff have the responsibility to be aware of children with medical conditions in the year groups they work in and an awareness of the relevant health care plans. They should also read the Care Plan Overview for the whole school, giving them an awareness of all serious medical conditions.
- Staff must ensure that all pupils' medical details are kept confidential.
- Staff must inform the school office if a child in their care has used their inhaler (this is so the School Office can notify parents).

### **School Nurses**

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- Will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

### **Other Healthcare Professionals, including GPs and Paediatricians**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- Specialist local health teams may provide support for children with particular conditions (eg asthma, diabetes, epilepsy).

### **Parents**

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

### **Pupils**

- Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Other pupils will often be sensitive to the needs of those with medical conditions.

## **Procedure to be followed when notification is received that a pupil has a medical condition**

For children being admitted to Weeke Primary School for the first time, with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the school mid-term, the school will make every effort to ensure that arrangements are put in place within two weeks.

The Assistant Headteacher is responsible for working in conjunction with parents to co-ordinate the drawing up, implementation and review of the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

When the school is notified that a pupil has a medical condition the school will:

- Ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensure that staff are properly trained and supervised to support pupils' medical conditions
- Not wait for a formal diagnosis before providing support to pupils.

**The provision for children who are medically unfit to attend school will ensure that:-**

- Pupils make good progress in their education.
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum.
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits.
- Pupils feel fully part of their school community and are able to stay in contact with classmates.

The moral and legal mandate for schools is to:-

- Ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. Section 100 of the Children and Families Act 2014 places a legal duty on schools to make arrangements to support pupils with medical conditions at their school.
- There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are unable to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part time and intermittently, particularly when there are known medical needs, and these can be planned for.
- The link below to the Reduced Hours Timetable notification should be used in all cases.  
<https://documents.hants.gov.uk/childrenservices/HIAS/Promotingpupilattendanceandrecordingabsence-Section9.pdf>

Education Support for medical Absence is underpinned by the following Government documents:-

- Children and Families Act, 2014, section 100
- Education Act 1996 (Section 19)
- Equality Act 2010
- Statutory Guidance for Local Authorities, January 2013
- Out of School Out of Mind, 2011
- Ofsted Subsidiary Guidance 2012
- Alternative Provision Statutory Guidance, January 2013
- SEND Code of Practice, January 2015
- Supporting pupils at school with medical conditions, December 2015

When ill health persists beyond 15 consecutive or non-consecutive school days, the school should make a referral to ISS for advice, guidance and educational provision. All referrals will be made on the HCC medical referral form (see Appendix 1)

The triage system will take account of:

- Medical evidence, which should be verified in writing by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS); where this is not possible alternative enquiries should be made to G.P.'s and/others. This should indicate:
  - That at the time of writing the pupil is not well enough to attend school
  - The impact the illness is having on education
  - The current plans and provision in place to support the pupil's education
  - The age and stage of the pupil e.g. KS1-KS4
  - How the school has made every reasonable adjustment to include the pupil in education and whether there are any reasonable adjustments the school could make to enable the child to attend school.
  - Any other available evidence.

Schools should authorise absences due to illness unless they have a genuine concern about the veracity of

an illness. Where this is the case the Headteacher should contact the single point Access (SPA) for bespoke advice.

Where parents are unable to provide evidence, further enquiries should be made to the general Practitioner (GP) or other health professionals or agencies especially around mental health issues.

Following triage:-

- (a) KS3/4 the education Centre headteacher will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies for reintegration alongside additional support or intervention from an HCC nominated provider
- (b) For Early Years/KS1/KS2 the ISS triage officer will undertake this role.

The child's progress will be reviewed regularly, in consultation with the parent/carer, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

See Appendix 2 for a flow diagram overview.

Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

In all cases, the pupil must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.

## Individual Healthcare Plans

The Individual Healthcare Plan can help to ensure the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to outline the steps which a school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will 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.

When deciding what information should be recorded on individual healthcare plans, the following information should be considered:

- 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 in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the 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 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.

## Staff Training & Support

- Any member of staff providing support to a pupil with medical needs should receive suitable training. This should be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- **Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans).** In some cases, written instructions from the parent, or on the medication container dispensed by the pharmacist, may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- Whole school awareness training, so that all staff are aware of the school's policy for supporting pupils with medical conditions, and their role in implementing the policy will be included in the school's annual Health & Safety training sessions or staff briefing meetings. New staff will have this information included in their induction arrangements.
- Advice from the relevant healthcare professionals will be sought so they can advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

## Managing Medicines on School Premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and with instructions for administration, dosage and storage are accepted for administration. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.
- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- A child who has been 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. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in the school office and only named staff will have access. It is important that children with medical conditions are able to have access to their medication at all times. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

Non-prescription medicines will only be administered when it would be detrimental to the child not to give and only in line with the school's policy as follows:-

- Parental consent has been given in writing
- Medicines are in date, labelled in their original container, with instructions for administration, dose and storage

### **Administration of Medicines**

1. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents which has been agreed with the Assistant Headteacher or a member of the Strategic Leadership Team.
2. Any member of staff giving medicines to a child should check:
  - the child's name
  - name of medicine
  - prescribed dose
  - method of administration
  - time / frequency of administration
  - any side effects
  - expiry date
  - written instructions provided by the prescriber on the label or container

**N.B. No medication is to be given without prior parental permission.**

3. If in doubt about any procedure staff should not administer the medicines but, check with the parents, or a health professional, before taking further action. If staff have any concerns related to administering medicine to a particular child, the issue should be discussed with the parent, office staff or relevant health professional.
4. A record should be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at

school should be noted. Records offer protection to staff and proof they have followed agreed procedures. The records are kept in the school office in the middle draw on the left hand side.

5. If a child refuses to take the medication, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the emergency procedure should be followed.
6. **A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

### **The child's role in managing their own medical needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

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.

### **Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers.

The Headteacher is responsible for ensuring medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children at all times.

A few medicines need to be refrigerated. They are to be kept in the small fridge in the School Office and clearly labelled.

### **Emergency Medical Treatment**

- Parents are asked to provide two EpiPens per child, which will be kept in the school office in plastic boxes, labelled with the child's name and photograph, together with their care plan. The boxes are in the first cupboard, on the right hand side at the top, as you enter the office.
- Parents are asked to provide two inhalers per child one to be kept in the classroom, and the second one stored in the school office. In the event of child only having one inhaler it will be stored in the classroom for children in EYFS and centrally stored in the school office for all other children. The inhalers are in the first cupboard, on the right hand side at the top, as you enter the office.
- Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible. Parents give permission for this to be used on the child's care plan.
- Other emergency medication will also be stored in the cupboard in the office e.g. diabetes, epilepsy.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

The sharps box in the office should always be used for the disposal of needles. Collection and disposal of the boxes is arranged with the relevant parent.

## **Record Keeping**

- The Governing Body will ensure written records are kept of all medicines administered to children.

- The record of all medicines administered to individual children should state what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- The form in Annex E should be used to record the administration of medicines.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Parents should be informed if their child has been unwell at school.

## **Emergency Procedures**

- The governing body will ensure the school's emergency procedures are kept under review.
- As part of general risk management processes, the school has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.
- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, telephone the emergency services and then contact the parents. Staff should stay with the child until the parents arrive. In their absence, they should accompany the child to hospital and await the parents arrival. Contact details should be retrieved from SIMS before departure. When telephoning the emergency services clear instructions should be given regarding the child's symptoms and any appropriate information from his/her individual health care plan. It is important to provide correct information for navigation systems i.e. school address and postcode.

## **Educational Visits, Residentials and Sporting Activities**

- The school will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements will be made for the inclusion of pupils in such activities with any adjustments as required, unless evidence from a clinician such as a GP states this is not possible.
- Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. These should be noted in the Risk Assessment and appropriate plans made. A copy of any health care plans should be taken on visits in event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.
- Some children may need to take precautionary measures before or during exercise, and need to be allowed immediate access to their medicines such as asthma inhalers.
- Staff supervising activities should carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely as well as ensuring any preventative medicine is taken and emergency procedures are planned.

## **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual pupils and judge each case on its merits with reference to the child's individual healthcare plan, it is unacceptable to:

- Prevent children from accessing their medication and administering their medication when and where necessary.
- Assume every child with the same condition requires the same treatment.



- Ignore the views of the child or their parents / carers; or ignore medical advice 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.
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare Plan.
- 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 where this is related to their medical condition e.g. hospital appointments.
- Prevent children from eating, drinking or taking toilet or other breaks whenever they need in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## Insurance

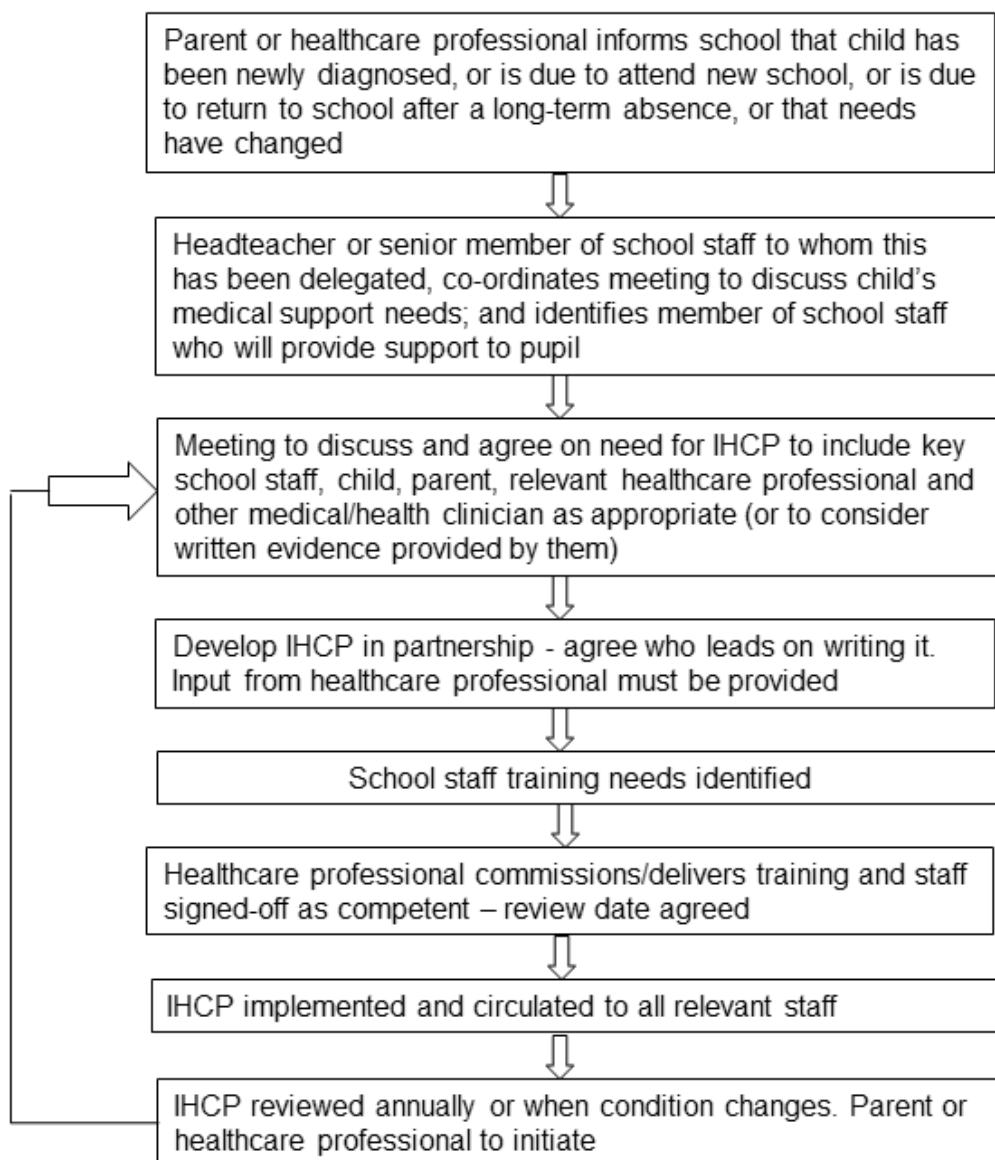
The County Council have a policy of self insurance, in that they bear the risks themselves rather than place insurance in the commercial insurance market. The self insurance arrangements extend to providing indemnity to school staff who agree to administer medication or a medical procedure to pupils. This indemnification to staff requires the school to have parents' permission and for the member of staff to have had training on the administration of the medication or medical procedure.

## Complaints and Review

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Complaints about provision for children who are medically unfit to attend school should be made to the school in the first instance. Complaints can be made using Hampshire's corporate complaints procedures. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient. (<https://www.hants.gov.uk/educationandlearning/complaints>)

### Process for developing individual healthcare plans



**Annex B:**

**Individual Healthcare Plan**

Name of school/setting

Weeke Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

*All school staff receive annual updates and general training to ensure they are confident and competent to meet children's medical needs.*

## Individual Healthcare Plan

I give consent for my child's medical information to be shared with staff and other adults who are working with my child; in school and on educational trips/visits. All information shared is treated in the strictest confidence.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

My child's Individual Healthcare Plan is for asthma and my child requires an inhaler; I give consent for my child to use the school's emergency inhaler if required.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

My child's Individual Healthcare Plan is for anaphylaxis and my child requires an epipen; I give consent for my child to use the school's emergency epipen, if required.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## Parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school/setting	Weeke Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions e.g. storage	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy, and in date.**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	the school office

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Annex C

### Contacting Emergency Services

**Dial 999, ask for an ambulance and be ready with the information below.**

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

1. Your telephone number (01962 882710)
2. Your name
3. Your location as follows:-  
Weeke Primary School, Stoney Lane, Weeke, Winchester
4. State school's postcode - SO22 6DR
5. Provide exact location of patient within the school setting
6. Provide name of child and brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state the crew will be met and taken to the patient
8. While waiting for ambulance, download child's details from SIMS and locate copy of Individual healthcare Plan

