



THE CONSORTIUM
ACADEMY TRUST

Shaping Positive Futures

Supporting Learners with Medical Conditions Policy

The Consortium Academy Trust (TCAT)
An Exempt Charity Limited by Guarantee
Company Number 07665828

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**NB – This document can only be considered valid when viewed on The Consortium Academy Trust website. If the copy is printed or downloaded and saved elsewhere the Policy date should be cross referenced to ensure the current document is the latest version. The linked policies can be found at www.consortiumtrust.co.uk*

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Statement of Intent

The Consortium Academy Trust ('the Trust') has a duty to ensure arrangements are in place to support learners with medical conditions. The aim of this policy is to ensure that all learners with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

The Consortium Academy Trust believes it is important that parents/carers of learners with medical conditions feel confident that the school provides effective support for their child's medical condition, and that learners feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Learners with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and can be subject to bullying. This policy aims to minimise the risks of learners experiencing these difficulties.

Long-term absence as a result of medical conditions can affect educational achievement and progress, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

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

In addition, some learners with medical conditions may also have special educational needs and disabilities (SEND) and have an Education, Health and Care Plan (EHCP) collating their health, social and SEND provision. For these learners, compliance with the DfE's 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' and the Trust's SEND Policy will ensure compliance with legal duties.

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

1. Legal framework

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

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting learners at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- DfE (2018) Automated External Defibrillators (AEDs) a guide for schools
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies and practices:

- Child Protection and Safeguarding Policy
- Drugs and Alcohol Policy
- Educational Visits Policy
- Health and Safety Policy
- Safe Working Practices
- SEND Policy
- Single Equality Scheme
- Complaints Procedure Policy

2. The role of the Trust Board

2.1. The Trust Board:

- is legally responsible for fulfilling its statutory duties under legislation
- ensures that arrangements are in place to support learners with medical conditions.
- ensures that learners with medical conditions can access and enjoy the same opportunities as any other learner at the school.
- ensures that schools within the Trust work with the LA, health professionals, commissioners and support services to ensure that learners with medical conditions receive a full education.
- ensures that systems are in place so that following long-term or frequent absence, learners with medical conditions are reintegrated effectively.

- ensures that the focus is on the needs of each learner and what support is required to support their individual needs.
- instils confidence in parents/carers and learners in the school's ability to provide effective support.
- ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- ensures that no prospective learner is denied admission to the school because arrangements for their medical condition have not been made.
- ensures that learners' health is not put at unnecessary risk. As a result, the Board holds the right to not accept a learner into a school at times where it would be detrimental to the health of that learner or others to do so, such as where the child has an infectious disease.
- ensures that policies, plans, procedures and systems are properly and effectively implemented and monitored.

2.2. The CEO holds overall responsibility for implementation of this policy.

3. The role of the Headteacher

3.1. The Headteacher:

- develops an inclusive culture in their setting to promote equality for all.
- ensures that this policy is effectively implemented on their site with stakeholders
- ensures that all staff are aware of this policy and understand their role in its implementation.
- ensures that a sufficient number of staff are trained and available to implement this Policy and deliver against all individual healthcare plans (IHPs, for IHP format, see Appendix 2), including in emergency situations.
- considers recruitment needs for the specific purpose of ensuring learners with medical conditions are properly supported.
- has overall responsibility for the development of IHPs.
- ensures contact is made with the school nursing service where a learner with a medical condition requires support that has not yet been identified.
- Ensure that arrangements are in place to appropriately service any Automatic External Devices.
- contributes to the review of effectiveness of this policy.

4. The role of Parents/Carers

4.1. Parents/Carers:

- proactively engage with the school if their child has a medical condition by completing an Individual Healthcare Plan (Appendix 2) as soon as possible.
- provide the school with sufficient and up-to-date information about their child's medical needs.
- are involved in the development and review of their child's IHP.
- carry out any agreed actions contained in the IHP.
- ensure that they, or another nominated adult, are contactable at all times.
- complete Appendix 3 should there be a need for the school to give their child medicine.

5. The role of learners

5.1. Learners:

- where possible and at an age appropriate level, learners are fully involved in discussions about their medical support needs.
- contribute to the development of their IHP.
- are sensitive to the needs of other learners with medical conditions.

6. The role of school staff

6.1. School staff:

- may be asked to provide support to learners with medical conditions, including the administering of medicines and/or medical procedures, but are not required to do so unless they are First Aid or have received specific training for the needs of an individual learner.
- check that the parent has given consent for medicine to be administered on the Form in Appendix 3.
- take into account the needs of learners with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- receive sufficient training and achieve the required level of competency before taking responsibility for supporting learners with medical conditions.
- know what to do and respond accordingly when they become aware that a learner with a medical condition needs help in a crisis e.g. call a first aider.
- complete Appendix 4 when medicine has been administered.

7. The role of the school nurse

7.1. The NHS school nurse service:

- at the earliest opportunity, notifies the school when a learner has been identified as having a medical condition which requires support in the school.
- supports staff to implement IHPs and provides advice and training.
- liaises with lead clinicians locally on appropriate support for learners with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

- ensure that commissioning is responsive to learners' needs, and that health services are able to cooperate with schools supporting learners with medical conditions.
- make joint commissioning arrangements for education, health and care provision for learners with SEND.
- are responsive to LAs and schools looking to improve links between health services and schools.
- provide clinical support for learners who have long-term conditions and disabilities.

- ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable learners.

9. The role of other healthcare professionals

- 9.1. Other healthcare professionals, including but not limited to GPs and paediatricians:
- notify the school nurse team when a child or young person has been identified as having a medical condition that will require support in the school.
 - provide advice on developing IHPs.
 - may provide support in the school for children and young people with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

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

11. The role of the LA

- 11.1. The LA:
- commissions school nurses for local schools.
 - promotes co-operation between relevant partners.
 - makes joint commissioning arrangements for education, health and care provision for learners with SEND.
 - provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
 - works with the school to ensure that learners with medical conditions can attend the school full-time.
- 11.2. Where a learner is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the learner is unlikely to receive a suitable education in a mainstream school.

12. Admissions

- 12.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 12.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

13. Notification procedure

- 13.1. When the school is notified that a learner has a medical condition that requires support in the school, the member of staff who has been informed informs the designated person responsible for leading support for learners with medical conditions within the school. Following this, the school begins to arrange a meeting

with parents/carers, healthcare professionals and the learner, with a view to discussing the necessity of an IHP (outlined in detail in Section 17).

- 13.2. The school does not wait for a formal diagnosis before providing support to learners. Where a learner's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 13.3. For a learner starting at the school in a September in take, arrangements are in place prior to their induction and informed by their previous institution/setting.
- 13.4. Where a learner joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as practicably possible.

14. Staff training and support

- 14.1. Any staff member providing support to a learner with medical conditions receives suitable training. This should be recorded on the staff member's training file.
- 14.2. Staff must not undertake healthcare procedures or administer medication without appropriate training.
- 14.3. Training needs are assessed by the designated person responsible for leading support for learners with medical conditions through the development and review of IHPs, annually for all school staff, and when a new staff member arrives.
- 14.4. Through training, staff have the requisite competency and confidence to support learners with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 14.5. A first-aid in the work place certificate alone does not constitute appropriate training for supporting learners with medical conditions.
- 14.6. Whole-school awareness training is carried out on an annual basis for all staff, and included in the induction of new staff members and updated when required.
- 14.7. The designated school nurse with support from the designated person responsible for leading support for learners with medical conditions identifies suitable training opportunities that ensure all medical conditions affecting learners in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 14.8. Training is commissioned by the designated person responsible for leading support for learners with medical conditions and provided by the following bodies:
 - Commercial training provider
 - The NHS school nurse
 - GP
 - Consultant
 - Parents/carers of learners with medical conditions
- 14.9. Parents/carers of learners with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

14.10. The Trust will provide details of further CPD opportunities for staff regarding supporting learners with medical conditions.

15. Self-management

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

16. Supply teachers

- 16.1. Supply teachers are:
 - informed who to contact in the event of an emergency.
 - informed of all relevant medical conditions of learners in the class they are providing cover for.
 - covered under the school's insurance arrangements.

17. Individual Healthcare Plans (IHPs)

- 17.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a learner, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.
- 17.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the learner is also involved in the process. An IHP can be seen in Appendix 2.
- 17.3. IHPs include the following information:
 - the medical condition, along with its triggers, symptoms, signs and treatments
 - the learner's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - the support needed for the learner's educational, social and emotional needs
 - the level of support needed, including in emergencies
 - whether the learner can self-manage their medication

- who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
 - cover arrangements for when the named supporting staff member is unavailable
 - who needs to be made aware of the learner's condition and the support required
 - arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the learner
 - separate arrangements or procedures required during school trips and activities
 - where confidentiality issues are raised by the parent/carer(s) or learner, the designated individual to be entrusted with information about the learner's medical condition.
 - what to do in an emergency, including contact details and contingency arrangements.
- 17.4. Where a learner has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
- 17.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 17.6. IHPs are reviewed on at least an annual basis, or when a child or young person's medical circumstances change, whichever is sooner.
- 17.7. Where a learner has an EHC Plan, the IHP is linked to it or becomes part of it.
- 17.8. Where a child or young person has SEND but does not have an EHC Plan, their SEND should be mentioned in their IHP.
- 17.9. Where a child or young person is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child or young person's needs to reintegrate.

18. Managing medicines

- 18.1. Medicines are only administered at a school when it would be detrimental to a learner's health or school attendance not to do so.
- 18.2. Learners under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent (consent given by completing Appendix 3)– except where the medicine has been prescribed to the learner without the parent/carer's knowledge and there is confirmed written evidence that the medicine has been prescribed to the learner. In such cases, the school encourages the learner to involve their parents/carers, while respecting their right to confidentiality.
- 18.3. Non-prescription medicines may be administered in the following situations:
- when it would be detrimental to the learner's health not to do so
 - when instructed by a medical professional
- 18.4. No learner under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

- 18.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 18.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 18.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exceptions to this are insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container and the school held inhalers for asthma emergencies.
- 18.8. All medicines are stored safely. Learners know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, learners are informed of who holds the key to the relevant storage facility.
- 18.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 18.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 18.11. The school holds asthma inhalers for emergency use. The inhalers are stored in a designated office or medical room and their use is recorded and communicated to parents/carers.
- 18.12. Staff may administer a controlled drug to a learner for whom it has been prescribed. They must do so in accordance with the prescriber's instructions and complete Appendix 4
- 18.13. Records are kept of all medicines administered to individual learners – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.
- 18.14. In the Early Years setting, medicines will be held in a locked and at height area to enable swift access to emergency medicines for our youngest learners.

19. Adrenaline auto-injectors (AAIs)

- 19.1. The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with guidance provided by the NHS school nurse or parents/carers.
- 19.2. A Register of AAIs will be kept of all the learners who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the main school office/reception to enable, in the event of an allergic reaction, this to be checked as part of initiating the emergency response.
- 19.3. Where a learner has been prescribed an AAI, this will be written into their IHP.
- 19.4. In secondary schools, learners who have prescribed AAI devices are able to keep their device in their possession.

- 19.5. In primary schools, learners who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession.
- 19.6. In primary schools, for learners under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location. This location is published within the school and displayed on a 'private' noticeboard in the school office.
- 19.7. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 19.8. In the event of anaphylaxis, a designated staff member will be contacted via the schools 'on call' procedures.
- 19.9. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 19.10. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the learner needs restraining.
- 19.11. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches, subject to national availability.
- 19.12. The spare AAI will be stored in the designated office or medical room, ensuring that it is protected from direct sunlight and extreme temperatures.
- 19.13. The spare AAI will only be administered to learners at risk of anaphylaxis where written parental consent has been gained.
- 19.14. Where a learner's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 19.15. Where a learner who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 19.16. Where a learner appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 19.17. In the event that an AAI is used, the learner's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the learner's or the school's device.
- 19.18. Where any AAIs are used, the following information will be recorded on the AAI Record:
 - where and when the reaction took place
 - how much medication was given and by whom
- 19.19. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 19.20. In the event of a school trip, learners at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

20. Record keeping

- 20.1. In accordance with paragraphs 18.10, 18.11, 18.12 and 18.13, written records are kept of all medicines administered to learners.
- 20.2. Proper record keeping protects both staff and learners, and provides evidence that agreed procedures have been followed.
- 20.3. Appropriate forms for record keeping can be found in the East Riding of Yorkshire Council Medical Conditions at School Management Resource Pack.

21. Emergency procedures

- 21.1. Medical emergencies are dealt with under the school's emergency procedures.
- 21.2. Where an IHP is in place, it should detail:
 - what constitutes an emergency
 - what to do in an emergency
- 21.3. Learners are informed in general terms of what to do in an emergency, such as telling a member of teaching or support staff.
- 21.4. If a learner needs to be taken to hospital, a member of staff remains with the learner until their parents/carers arrive.
- 21.5. When transporting learners with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.
- 21.6. If in doubt the school should always phone for support from the emergency services and then immediately notify the parent/carer

22. Day trips, residential visits and sporting activities

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

23. Unacceptable practice

- 23.1. The school will never knowingly:
 - assume that learners with the same condition require the same treatment.
 - prevent learners from easily accessing their inhalers and medication.

- ignore the views of the learner and/or their parents/carers.
- ignore medical evidence or opinion.
- send learners home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP as an appropriate response to their need.
- send a learner with a known medical condition to the designated office or medical room alone or with an unsuitable escort (another learner for example).
- penalise learners with medical conditions for their attendance record, where the absences relate directly to their condition and there is evidence to support this.
- make parents/carers feel forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- create barriers to learners participating in school life, including school trips
- refuse to allow learners to eat, drink or use the toilet when they need to in order to manage their medical condition.

24. Liability and indemnity

- 24.1. The Trust Board ensures that appropriate insurance is in place to cover staff providing support to learners with medical conditions.
- 24.2. The Trust holds a valid and current insurance policy covering liability relating to the administration of medication. The policy has the following requirements:
- all staff must have undertaken appropriate training
- 24.3. The Trust holds a valid and current insurance policy covering healthcare procedures. The policy has the following requirements:
- school staff must have undertaken appropriate training
- 24.4. All staff providing such support are provided access to the insurance policies.
- 24.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the Trust, not the individual.

25. Complaints

- 25.1. Parents/Carers or learners wishing to make a complaint concerning the support provided to learners with medical conditions are required to speak to the school in the first instance.
- 25.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Trust Complaints Policy.
- 25.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

26. Home-to-school transport

- 26.1. Arranging home-to-school transport for learners with medical conditions is the responsibility of the LA.

- 26.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for learners with life-threatening conditions.

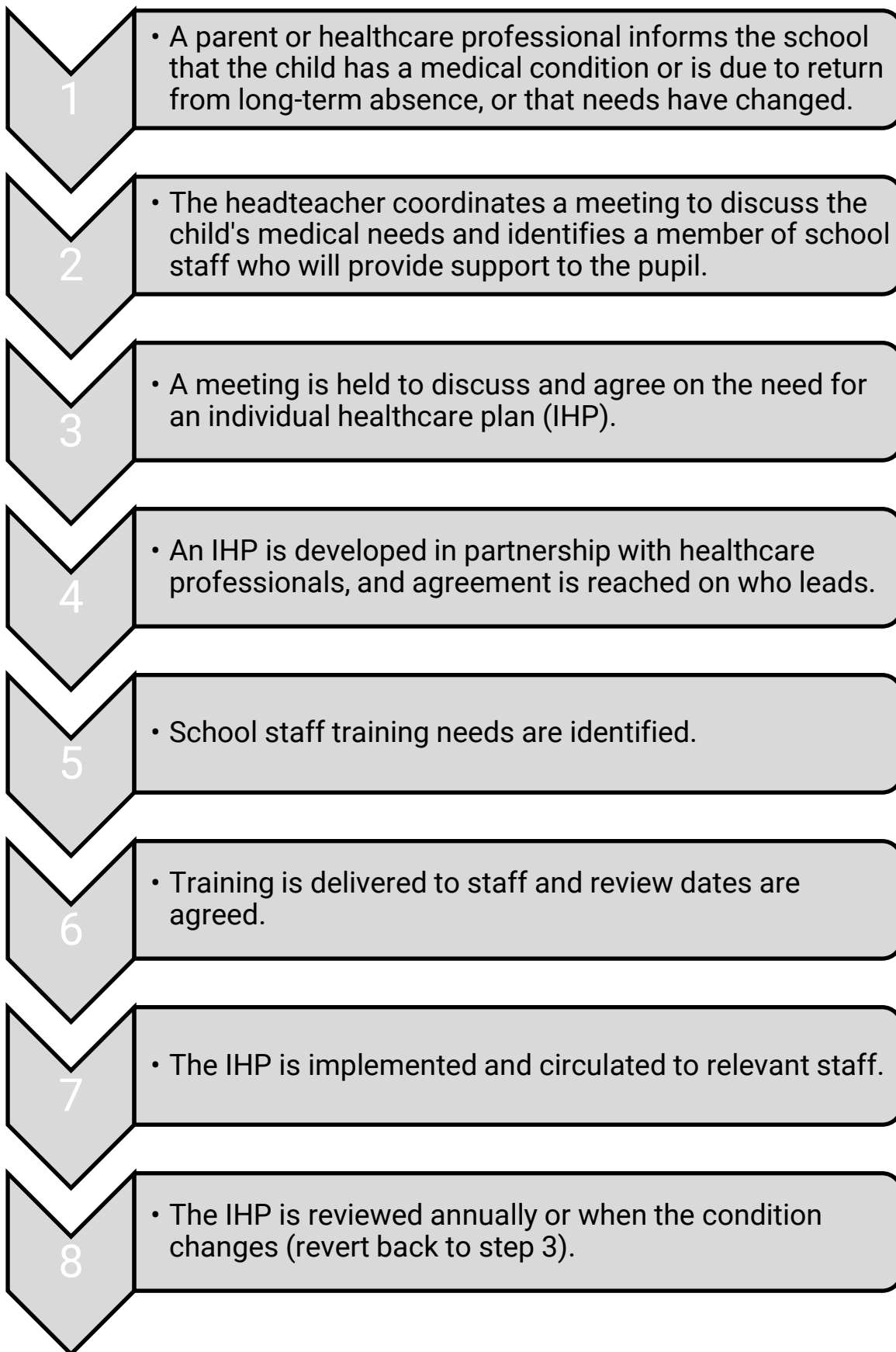
27. Defibrillators

- 27.1. Where schools have an automated external defibrillator (AED) all staff members will be made aware of the AED's location, instructions for use and what to do in an emergency
- 27.2. A risk assessment regarding the location of AEDs in the school will be carried out, prior to installation.
- 27.3. AEDs installed in schools are suitable for any person to use. At every stage, the device speaks to the user, providing step by step instructions on how to proceed. School First Aiders receive cardiopulmonary resuscitation (CPR) training as part of the first aid qualification. However, CPR is not a prerequisite to using an AED.
- 27.4. The emergency services will always be called where an AED is used.
- 27.5. In primary schools, where possible, AEDs will be used in paediatric mode or with paediatric pads for learners under the age of eight.
- 27.6. Maintenance checks will be undertaken on AEDs on a weekly basis by the school Facilities Team. A current and accurate record of all checks and maintenance work will be kept.

28. Policy review

- 28.1. This policy is reviewed every two years by the CEO, the Trust Board, and a representative primary phase, secondary phase Headteacher within the Trust. In addition it may be updated earlier should guidance require.

Appendix 1: Individual Healthcare Plan Implementation Procedure



Appendix 2: Individual Healthcare Plan

Learner's name:	
Group/class/form:	
Date of birth:	
Learner's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to learner:	
Phone number (work):	
(home):	
(mobile):	
Clinic/hospital contact	
Name:	
Phone number:	
Learner's GP	
Name:	
Phone number:	
Who is responsible for providing support in school?	

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

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

Daily care requirements:

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

Arrangements for school visits/trips:

Other information:

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

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

Plan developed with:

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

Form copied to:

Appendix 3: Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

Name/type of medicine
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects that the school needs
to know about:

Self-administration – Y/N:

Procedures to take in an emergency:

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the
medicine personally to:

(Name of staff member)

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

Signature(s) _____

Date _____

Appendix 4: Record of Medicine Administered to All Children

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

Appendix 5: Staff Training Record – Administration of Medication

The Consortium Academy
Trust:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that **name of staff member** has received the training detailed above and is competent to carry out any necessary treatment pertaining to **name of treatment type**.
I recommend that the training is updated by **name of staff member**.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Appendix 6: Contacting Emergency Services

To be stored by the telephone in the school office

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

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

- The telephone number of the school
- Your name.
- Your location as follows: **full address of school.**
- The satnav postcode: **school postcode.**
- The exact location of the patient within the school.
- The name and age of the child
- A brief description of the child's symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Appendix 7: Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

RE: Developing an individual healthcare plan for your child

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

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for [date](#). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on [email address](#) or to speak by phone on [phone number](#) if this would be helpful.

Yours sincerely,

[Headteacher](#)