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and healthy minds.

# Supporting Pupils with Medical Needs Policy

## APPROVAL & ADOPTION

This policy was formally agreed and adopted by the Governing Body on:

16<sup>th</sup> March 2026

**Chair of Governors**

Signed:

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies;

Inclusion Policy, Single Equality Scheme, Safeguarding Policy and Complaints Policy.

### **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 pupils 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 Inclusion policy and the individual healthcare plan will become part of the EHCP.

### **The statutory duty of the governing body**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of the Preston & Wingham Primary Schools Federation fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

- Considering whether to
  - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
- Ensuring asthma inhalers are held at school for emergency use.
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

### **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Executive Headteacher.

The Heads of School will be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training. They will also be responsible for briefing supply teachers and for preparing risk assessments for school visits and other school activities outside of the normal timetable.

The Inclusion Leader will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. The Inclusion Leader will be responsible for the monitoring of individual healthcare plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

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

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Preston or Wingham 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, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Inclusion Leader and following these discussion an individual healthcare plan will written in conjunction with the parent/carers by the Inclusion Leader, and be put in place.

### **Individual healthcare plans**

Individual healthcare plans will help to ensure that the school effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive 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 will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very

different support. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers 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 capture the steps which the school should take to help 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 school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 a child is returning to school following a period of hospital education or alternative provision, we 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.

Template A shows the basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- 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;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer 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 assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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

## **Asthma**

The school recognises that asthma is a condition affecting many school children. We have a positive attitude towards pupils with asthma, and believe that when asthma is well managed, pupils are able to participate in the full range of curricular and extra-curricular activities including PE and school trips.

We encourage children with asthma to achieve their potential in all aspects of school life by having a policy in place that is clear, understood by staff, parents, pupils, governors and the LA. All staff (both teaching and non-teaching) are made aware of this policy. All staff will have a basic knowledge of asthma and its management, with first aiders having a more comprehensive knowledge.

### **Medication**

Immediate access to inhalers is important. **All inhalers are kept in the relevant classroom in a place that is both secure and immediately accessible to all adults.**

Parents need to provide an up-to-date Child Asthma Action Plan from their asthma specialist. This informs the school on triggers, daily asthma routine and what to do if they feel worse and what to do in an emergency.

It is parental responsibility to attend their child's asthma review by the date listed on their plan (this may be every 6 months in some cases), they should then give a copy to the school of the updated plan. Any other changes to the plans need to be in writing (rather than verbal instructions from a GP given to parents). Parents are asked to ensure all inhalers are named and it is parental responsibility to replace the inhaler before the expiry date. Parents are also asked to provide an appropriate spacer with the inhaler.

The school is happy to administer medication provided adequate information is provided, but there is no legal obligation for them to do this. All staff in maintained schools who agree to do this are insured when acting in accordance with this policy. The responsibilities of the school staff to administer emergency drugs which may be lifesaving is set out in LA guidance. **All school staff will let children take their own medication when they need to.**

### **Record keeping**

Parents should notify the school if their child has asthma. All parents are asked for details of any medical conditions on the admissions form PR3B. This information is passed onto all staff and kept on file, and a list of pupils needing medication on file. As mentioned above parents must supply an up-to-date copy of the asthma plan to the school.

### **PE & school trips**

Taking part in sport is an essential part of school life, and pupils with asthma will be encouraged to participate fully. All staff will be aware which children have asthma. If a child needs to use their inhaler during a lesson they will be allowed to do so. The school will also make provision for inhalers to be taken on school day and residential trips, including swimming/gym lessons etc. For residential trips, additional information may be required regarding doses at other times of the day other than school hours.

### **Making the school asthma friendly**

Asthma can be included in key stage 1 & 2 science, PSHE & PE national curriculum lessons.

The school has a strict non-smoking policy. Other issues such as building work and local bonfires will be carefully monitored.

### **Asthma attacks**

Staff will be trained to recognise the symptoms of asthma and to be able to recognise when symptoms are worsening. Staff will know what to do in event of an asthma attack. In an emergency the procedure for management of an attack will be put into action. This will be discussed with parents and staff as appropriate.

### **Diabetes**

Children with diabetes may require special attention to maintain their blood glucose levels during the school day. Staff working with individuals will be aware individual care plans and recognize signs of hypoglycemia (low blood sugar), which may include increased thirst, frequent urination and fatigue. Immediate action for hypoglycemia includes providing a fast-acting carbohydrate (e.g glucose tablets or juice) and notifying the designated first aid officer. In severe cases, or if the child becomes unconscious, call emergency services immediately. All staff should know where emergency supplies are stored and ensure the student's safety while waiting for medical assistance. All staff working directly with the child will receive diabetes training annually.

### **Allergies**

This federation ensures that all children with known allergies have a comprehensive [Individual Healthcare Plan](#) (IHCP) or Allergy Action Plan developed in partnership with parents and healthcare professionals. Staff will only administer prescribed or non-prescription medication, such as antihistamines or adrenaline auto-injectors (AAIs), upon receipt of explicit [written parental consent](#) and in the original, clearly labelled pharmacist's packaging. For pupils at risk of anaphylaxis, parents are responsible for providing [two in-date AAIs](#) to be stored in a safe, known, and immediately accessible location—never locked away—to ensure rapid response during an emergency. All designated staff receive regular training on recognising symptoms and the [safe administration of medication](#), and every instance of administration is strictly recorded, including the dose, time, and signatories of the administrator and witness.

\*The federation has a separate more comprehensive allergy policy.

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Preston Primary School and Wingham Primary School.

In addition, we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

**Pupils** 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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**Parents/carers** 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 that their child has a medical condition. Parents are key partners and should 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs. The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

### **Staff training and support**

At each school an appropriate number of staff have received first aid training and paediatric first aid training. When required, the appropriate staff in school receive specific/specialist training, for example in dealing with epilepsy, diabetes etc.

All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the 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). 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 proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular 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. The Inclusion Leader will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

### **Managing medicines on school premises and record keeping**

At Preston and Wingham Primary Schools the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- Parents must deliver the medicine personally to the school office fully labelled and accept that this is a service which the school is not obliged to undertake. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions. (See Template B1 & B2) The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container. Written consent must be received before staff can administer paracetamol based medications, but staff are instructed by the Local Authority never to administer medications containing ibuprofen or aspirin unless it has been prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- All medicines will be stored safely in the school office. 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 either in the child's classroom or school office and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the designated member of staff will carry all medical devices and medicines required;
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (see template C) 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Emergency procedures**

The Executive Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

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, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### **Drug incident management**

**The school boundaries** are defined as any area where a pupil/student is whilst he or she is in the charge of the school. Normally this means any area within the perimeter fence of the school. During any outside activities or trips it means anywhere where the pupil is in the charge of the school and its staff, whether this is within or outside school hours.

**If a pupil is suspected of being involved in drug misuse or causing concern** about his/her drug use, or makes a disclosure about their own drug misuse, the Executive Head Teacher will refer the pupil to the appropriate support service.

Communication between staff and early involvement of parents/carers may set the scene for early, supportive pastoral intervention. An appraisal should take place to determine the nature of the pupils' needs and the additional support a pupil/student might need if, for example:

- their knowledge about drugs is low
- they feel under pressure to use, perhaps due to other problems
- their (or someone else's) drug use is impacting on their behaviour and/or emotional health.

Pupils of primary school age will require an individual approach. A consultation with the Safeguarding Team is recommended. Our Designated Child Protection Officers (DCPC) have contact numbers and any referrals should be made by them.

**Fixed term or permanent suspension should only be considered as a last resort when the incident is extremely serious or part of a pattern of persistent behaviour.**

## **Other issues for consideration**

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Asthma inhalers will continue to be held at school for emergency use.

## **Unacceptable practice**

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office unaccompanied or with someone not suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

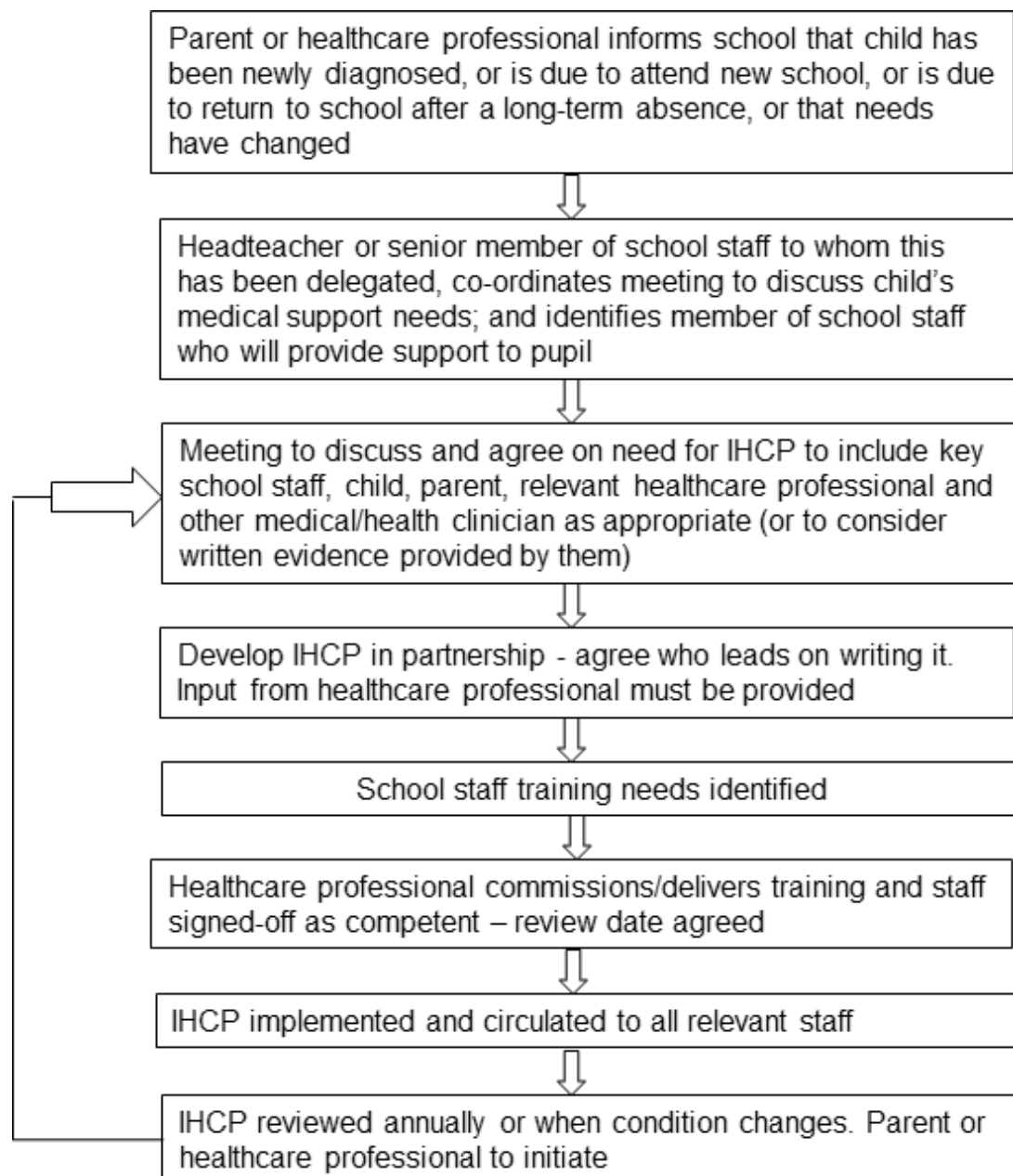
## **Liability and indemnity**

This is covered by Kent County Council Safe Hands Insurance.

## **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at Preston or Wingham Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Executive Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Federation's Complaints Procedure.

**Annex A: Model process for developing individual healthcare plan**



## Individual healthcare plan

Child's name

Date of birth

Medical diagnosis or condition

Date

Review date

Parent  
advice

Who is responsible for providing support  
in school

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

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

Daily care requirements

Arrangements for school visits/trips etc

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

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# Template B1: Request for School to Administer Medication

## Preston & Wingham Primary Schools Federation

### Request for School to Administer Medication

Please complete this form if you would like the school to administer medication to your child and hand it to the school office. The school will not give your child medication unless you complete and sign this form. A new form must be completed if **any** of the details change.

#### DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Year Group/ Class: \_\_\_\_\_

#### DETAILS OF MEDICATION

Name/Type of Medication: \_\_\_\_\_  
(as described on the container)

#### Full Directions for use:

Storage Instructions \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Procedures to take in an emergency:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT DETAILS: \_\_\_\_\_

I understand that I must deliver the medication personally to the school office, fully labelled, and accept that this is a service which the school is not obliged to undertake. The school will make every effort to administer the medication but cannot guarantee to do so. If it is essential that your child receives the medication we advise that you make arrangements to visit school to administer the medication. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions.

Written consent must be received before staff can administer paracetamol based medications, but staff are instructed by the Local Authority never to administer medications containing ibuprofen or aspirin unless it has been prescribed by a doctor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

