

Old Clee Primary Academy

'Inspired to Believe, Learning to Succeed'

Supporting Pupils with Medical Conditions Policy



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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our academy will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

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

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that academy staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Senco and Senior Lead for Wellbeing and Welfare

- Have overall responsibility for the development of individual healthcare plans (IHPs) in conjunction with the headteacher including what should happen in an emergency situation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that academy staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Have separate arrangements in place for Academy trips or other Academy activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- Aim to follow the procedure agreed in the Individual Health Care Plan and contact parents when alternative options may need to be considered
- Be aware of what to do in an emergency, including who to contact, and contingency arrangements
- Know what to do and respond accordingly when they become aware that a child with a medical condition needs help or becomes unwell
- Make inhalers and medication easily accessible to the children who administer their own medication when and where necessary under adult supervision

- Only perform specific and specialised health care procedures following appropriate training from medical professionals and in accordance with the IHP
- Not force students to take medicines or have necessary procedures against their will
- Encourage students to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively

3.5 Parents/carers

Parents/carers will:

- Provide the academy with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 School nurses and other healthcare professionals

Our school nursing service will notify the academy when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our academy is clear about the need to actively support pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so.

The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Senior Lead for Welfare and Wellbeing/SENDCo and/or Medical Team.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the academy needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- › When it would be detrimental to the pupil's health or academy attendance not to do so **and**
- › Where we have parents/carers' written consent

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the medical office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Unacceptable practice

Academy staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- › Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- › Assume that every pupil with the same condition requires the same treatment
- › Ignore the views of the pupil or their parents/carers
- › Ignore medical evidence or opinion (although this may be challenged)
- › Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- › If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- › Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- › Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- › Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs

- › Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- › Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the academy's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with headteacher. Training will be kept up to date.

Training will:

- › Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- › Fulfil the requirements in the IHPs
- › Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the academy. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the academy's level of risk.

The details of the academy's insurance policy are:

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the academy's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the academy's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

- Complaints Procedure
- Disability, Equality and Action Plans
- Intimate Care
- Safeguarding and Child Protection
- Special educational needs policy

Managing medication for pupils with recurrent illness

Old Clee recognises that some children's attendance is affected by frequent or recurrent illnesses. For these children who are regularly absent from the Academy in order to have medicine administered which is prescribed by a doctor but are otherwise well enough to attend, the medication can be administered in school.

This provision is for children who regularly experience illnesses for which medical advice is sought resulting in medicine being prescribed by a doctor– the provision does also include administering medicine for an isolated illness or for Calpol/paracetamol etc for everyday coughs and colds to keep children in school.

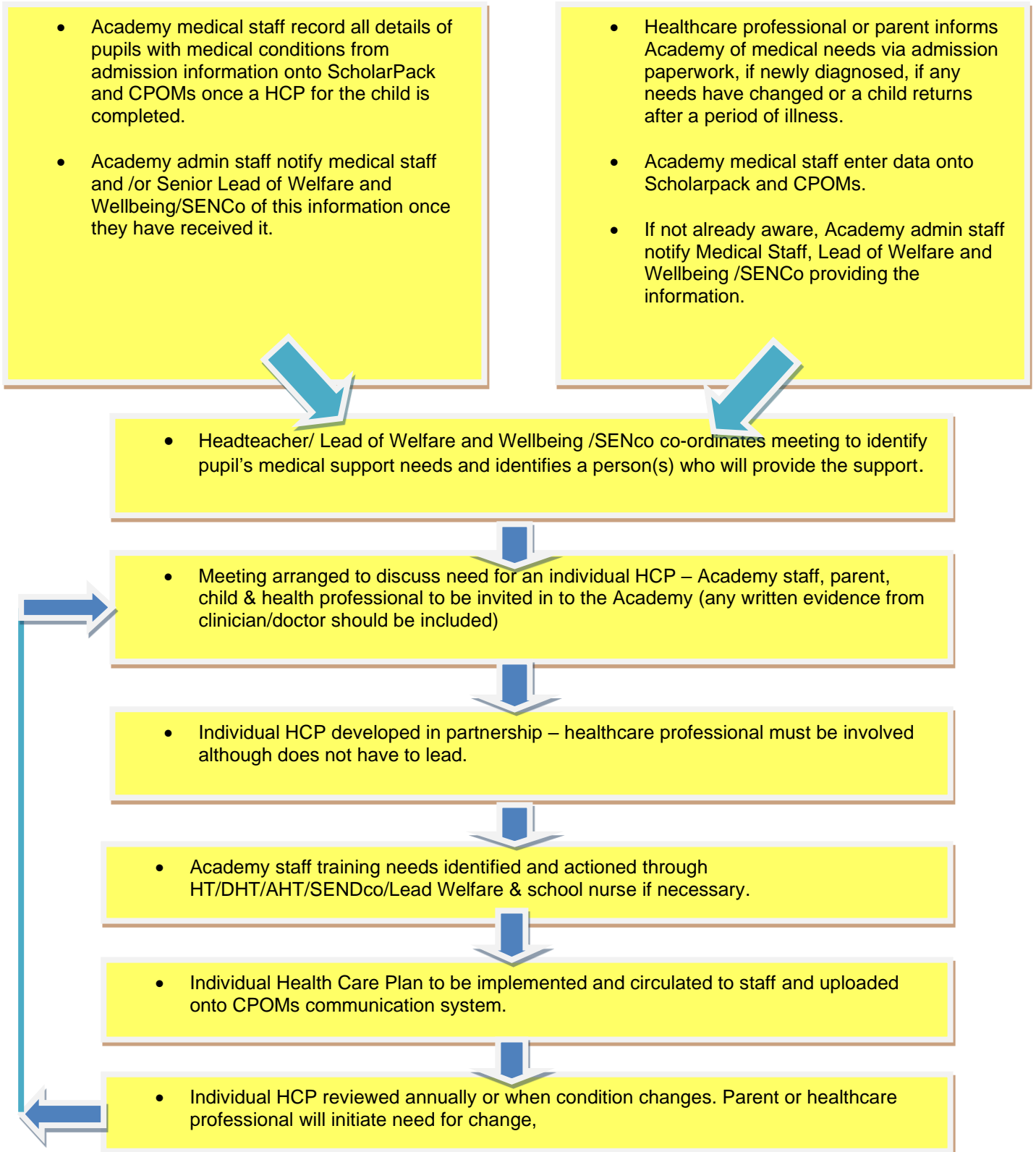
Due to safeguarding protocol we are only able to administer oral medication using a syringe – we are able to apply topical creams/ointments/drops to the skin, eyes and ears if it is prescribed only.

- Parents must fill in APPENDIX 4 in order for staff to administer medicines during the day.
- Medication needing to be administered during the day will need to be recorded using
- APPENDIX 5 by staff so that overdose does not happen.

Supporting Pupils with Medical Conditions – development process of an Individual HCP

New Academic Year

Mid - Term



DIS-CONTINUATION OF A CHILD'S HEALTH CARE PLAN SIMPLE STEPS

- Send the appropriate letter to the Parent/Carer to complete unless discontinuation has been requested via email.
- Print email request or the slip from the letter and file in the back of the Academy' central file for health care plans which is held in the medical office. Attach to the child's discontinued care plan.
- Take the discontinued care plan out of the classroom file and shred and remove the child's name off the medical list in the classroom.
- Information to be removed from Scholarpack and CPOMs updated.

Managing medication for pupils with Short-term illness

Parents should be encouraged to ask their GP, if it is possible, for the timing of doses of any medication to be set for outside normal school hours. The Head teacher, with the support of the Academy Governing Body, agrees to the administration of medicines within the Academy to be as follows:

- Only medication that is needed to be taken 4 times daily will be administered in our Academy.
- Medicine should be brought in to the Academy front office/reception by parent/carers.
- The medicine should be then passed on to Miss Marshall and/or Mrs Dickinson with the appropriate paperwork to complete and file in the relevant key stage file in the medical room, and the medicine will be kept in the relevant medical fridge/cupboard.
- The medicine box/bottle is checked that it is a '4 dose' per day medication. This will mean that we will need to give a child medicine around lunch time only.
- The parent /carer will need to complete and sign the Academy's medicine consent form which gives us the permission to administer it. **(Appendix 3)** to be completed with medical staff member.
- A member of the medical team will administer the medication daily until the course is complete. A medicine administering form will need to be signed and dated each time the medicine is given; this will be attached to the paperwork in the file. **(Appendix 4)**
- Old paperwork will be stored at the back of the file and archived at the end of each year.

Staff who administer medication to a child need to check; the name of the child, written instructions provided by the GP or parent, the prescribed dose, and the expiry date of the medication. If the member of staff is in any doubt regarding any of the procedures, then advice should be sought from the child's parents/carers.

It is the parent/carers' responsibility to ensure that they collect the medication at the end of each day.

Asthma information & Guidance

Please refer to each individual's Health Care Plan for information pertaining to a specific pupil

Definition

Asthma affects the airways, the small tubes known as the bronchi, which carry air in and out of the lungs. If a child has asthma, the airways of their lungs are more sensitive than normal.

When the child comes into contact with something that irritates their lungs, known as a trigger (see below), their airways narrow, the lining becomes inflamed, the muscles around them tighten, and there is an increase in the production of sticky mucus or phlegm.

This makes it difficult to breathe and causes symptoms such as:

- wheezing
- coughing
- shortness of breath
- tightness in the chest

Causes/Triggers of asthma - refer to HCP for individual pupil's information (Appendix 2)

The exact **cause** of asthma is not yet fully understood. Asthma often runs in families and a child is more likely to have asthma if one or both parents have the condition. There are also a range of asthma **triggers**, although everyone's asthma is different and people may have several triggers.

- an upper respiratory tract infection, such as a cold or flu is the most common trigger
- exercise, especially in cold weather
- an allergy to and contact with house dust mites, animal fur, grass and tree pollen
- exposure to air pollution, especially tobacco smoke

Asthma is more common in young boys than young girls. However, this changes as children get older and, after puberty, asthma is more common in girls. During teenage years, the symptoms of asthma may disappear. However, asthma can return in adulthood.

Prevention/Treatment - refer to HCP for individual pupil's information

While there is no cure for asthma, there are effective treatments that can help control the condition. Treatment is based on two important goals:

- relieving symptoms
- preventing future symptoms and attacks from developing

Also remember to

- discuss exercise tolerance with parents
- be aware of season changes
- ensure the child is seated away from radiators when the central heating system is on

There are two medications used to treat and control asthma:

- Bronchodilators – a bronchodilator gives **immediate relief** as it opens up the narrowed air passages (bronchi) **when an attack occurs**.
- Preventor – As its name suggests, this medication is taken on a **regular basis** to **calm the sensitivity** of the bronchi so that attacks no longer occur or are limited.

Supporting the use of inhalers in the Academy

- Children who need to take medication (inhaler) for asthma will be given support to ensure that it is taken appropriately as per policy and individual Health Care Plan. (HCP to be completed for use of an inhaler)
- **The inhalers and spacer devices are kept in a plastic box within the child's specific classroom.** The inhalers are transported in the box by a monitor when a child is to spend a set period of time outside the classroom i.e. playground, dinner hall, visits and trips etc.
- Any dose of medication administered is recorded in the child's individual 'asthma record book' inside the red bag.

Asthma and Physical Exercise – refer to HCP for individual pupil's information

Staff should be aware that most if not all children with asthma will experience some degree of wheezing during exercise.

The type of activity, degree of exertion and duration can be critical. Old Clee Primary Academy will discuss this issue with parents and the children; older children are often more aware of their own limitations. They should be permitted to 'sit out' or play in a less active position/role when necessary.

In the event of a pupil experiencing an attack during school time, Old Clee Primary Academy will ensure that a First Aider is sought immediately to treat the pupil as recorded on the HCP:

- **Reassure the child and stay calm whilst talking to them.**
- **Ensure the child receives the necessary dose and type of medication.**
- **Ask the child to sit upright and sit them near an open window if possible. Take into account the weather outside – a blast of cold air could be more harmful.**
The child can lean forward very slightly, resting their hands on their knees to support the chest. Lying down or leaning completely forward is NOT recommended.
- **Encourage the child to breathe slowly and deeply in order to relax.**

After an episode/attack:

- A child, who experiences a minor attack treated successfully with medication, should resume normal activities except for physical exercise.
- A drink of warm water can be offered as the mouth often becomes very dry as a result of rapid breathing.
- Parents should be contacted immediately after the attack or if primary medical assistance is requested via 999.

Medical assistance

Call 999 for a paramedic if:

- There is no improvement or symptoms worsen after 15 minutes following the HCP
- The child becomes exhausted with the effort of breathing.
- The child's lips turn blue through lack of oxygen
- If the child's pulse reaches and exceeds 120bpm.

Allergy Information & Guidance

Legislation (the EU Food Information for Consumers Regulation 1169/2011) requires food businesses to provide allergy information on food sold unpackaged, in catering settings which include school canteens.

The EU law has listed 14 allergens that need to be identified if they are used as ingredients in a dish. The allergens are:

- Celery
- Cereals containing gluten
- Crustacean
- Eggs,
- Fish,
- Lupin
- Milk

- Molluscs
- Mustard
- Nuts,
- Peanuts
- Sesame seeds
- Soya
- Sulphur dioxide

Please refer to each individual's Health Care Plan for information pertaining to a specific pupil

Definition

A food allergy is defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food. The immune response can be severe and life-threatening.

Causes/Triggers - refer to HCP for individual pupil's information

Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. One way that the immune system causes food allergies is by making a protein antibody to the food. The substance in foods that cause this reaction is called the food allergen.

Signs & Symptoms - refer to HCP for individual pupil's information

When exposed to the food allergen, antibodies alert cells to release powerful substances, such as histamine, that causes symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system and lead to a life threatening reaction called anaphylaxis.

Signs of allergy and anaphylaxis include:

- itchy skin or a raised, red skin rash
- swollen eyes, lips, hands and feet
- feeling lightheaded or faint
- swelling of the mouth, throat or tongue, which can cause breathing and swallowing difficulties
- wheezing
- abdominal pain, nausea and vomiting
- collapse and unconsciousness

Anaphylaxis should always be treated as a medical emergency.

Some of our pupils with a diagnosed allergy or history of a previous allergic reaction will have an auto-injector of adrenalin (sometimes referred to as an epi-pen) If available this should be injected into the outer thigh muscle and held in place for 5-10 seconds in accordance with the HCP and, an injection of a medicine called adrenaline should be given as soon as possible.

When parents report a food allergy to the Academy's admin team/Class teacher or Medical team parents should provide the following:

- Information about the food allergen, **including a confirmed written diagnosis from the pupil's doctor or allergist**. If there is no written confirmation this will be used for information purposes only.
- Information about signs and symptoms of the pupil's possible reactions to known allergens.
- Information about the possible severity of reactions, including any history of prior anaphylaxis (even though anaphylaxis can occur even in children without a history of prior anaphylaxis).
- Treatment for responding to a food allergy reaction or in an emergency, including whether an epi-pen) should be used
- Contact information for parents and doctors, including alternate phone numbers in case of an emergency

This information will be inputted onto a Health Care plan, updated on Scholarpack and CPOMs by the medical team and a copy is held in the academies medical file. All information is then shared with all staff in the Academy who would need to be aware of this. If this is a food allergy, medical staff also update the allergy list and share a copy of this with lunch staff members and office staff. **(Appendix 1)**

Supporting pupils with injuries/accidents/illness within school by any person on medical duty

We have 2 full time medical members of staff that deal with any severe incidents or accidents within the academy. These members of staff log any incidents onto Scholarpack and also make phone calls home if a child is involved in any incident that leaves them with an obvious mark. Calls home are also made if a child bumps their head, to allow parents/carers to monitor their child.

- There are allocated medical areas within the Nursery unit, the Reception unit, Key Stage 1 and Key Stage 2 to ensure the Health and Wellbeing of our children in our academy.
- Each area has a fully equipped medical box and an accident record book. (All medical boxes are checked and restocked by medical staff, on a monthly basis). Accident slips are completed by the adult supporting the child and given to class teacher to send home with the child at the end of the day by medical staff.
- Medical staff ensure that medical boxes are fully stocked with enough resources and thorough checks are completed to monitor this every month.

Broken limbs or Injuries

If a child is coming into the Academy with a break, fracture or sprain or any injury that needs additional support to be put in place to prevent any further damage to the injury, a risk assessment will need to be completed for this. (Although we cannot guarantee an accident free school) **(Appendix 5 & 6)**

- A risk assessment is completed before the child is allowed into the Academy with parent/carer and a member of the medical team. Risk assessments are put in place for a minimum of 1 week and a 'risk assessment removal form' is needed to be completed before we are able to remove any restrictions for the child. .
- A 'Personal Emergency Evacuation Plan' (PEEP) is also completed in addition to the risk assessment to allow relevant support is in place in an emergency.
- A copy of the risk assessment is shared with all relevant members of staff and uploaded onto CPOMs. A copy is also stored in the Risk Assessment file in the medical office.

Appendix I

INDIVIDUAL HEALTH CARE PLAN

Child's name:	
Date of Birth:	
Current Yr/Class:	
Child's Address:	
Medical Diagnosis or condition:	
Date diagnosed:	
Review date:	

Family Contact Information

Name:	
Relationship to child:	
<ul style="list-style-type: none"> • Home Phone no. • Work Phone no. • Mobile Phone no. 	
Name:	
Relationship to child:	
<ul style="list-style-type: none"> • Home Phone no • Work Phone no. • Mobile Phone no. 	

Health/Medics Contact Information

Clinician/Hospital doctor	
Contact Number	
GP	
Contact number	

Named staff member to lead with daily support of child (1st Person)	Name:	Signature:
Named staff member providing daily support	Name:	Signature:

Named staff member to lead with daily support if 1 st person is absent (for severe medical conditions)	Name:	Signature:
Head Teacher & Medical Lead acknowledgement	Signature:	Signature:

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

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

Daily care requirements

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

Arrangements for 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

What is expected from parent:

Form copied to:

	Signature	Position	Date
School			
Parent			
Health Professional			

Appendix 2

MY CLASS ASTHMA PLAN

NAME:
CLASS:

TO CONTROL MY ASTHMA IN SCHOOL I WILL BRING A RELIEVER INHALER TO LEAVE IN THE CLASSROOM INHALER BOX.

MY RELIEVER INHALER IS CALLED **Salbutamol AND ITS COLOUR IS **Blue****

I TAKE PUFF/S OF MY INHALER WHEN I WHEEZE, COUGH, MY CHEST HURTS OR IT IS HARD TO BREATHE.

I HAVE/HAVE NOT GOT A SPACER TO USE WITH MY INHALER.

I NEED TO TAKE MY INHALER TO EVERY P.E LESSON.

TRIGGERS: -

SYMPTOMS: -

TREATMENTS: -

If I am still having symptoms:-

I can use my inhaler up topuffs

Normal activities can be resumed if I am breathing satisfactory

Should my breathing still be of concern or the attack is severe this will be deemed an emergency and requires contact with emergency services then parents/carers as shown below.

IF I HAVE AN ASTHMA ATTACK YOU CAN HELP ME BY: -

CONTACTING 999 IMMEDIATELY AND GIVING CONTINUOUS USE OF INHALER AS ADVISED BY THE AMBULANCE SERVICE, UNTIL ASSISTANCE ARRIVES.

Get me to sit up straight and lean very slightly forward

I need to breathe slowly and deeply to relax me. If this is successful I can carry on with my day but not P.E.

CALL TO PARENTS/CARER

SCHOOL TRIPS

I UNDERSTAND THAT TO PARTICIPATE IN SCHOOL TRIPS MY CHILD MUST HAVE AN INHALER IN SCHOOL.

SIGNED BY PARENT/GUARDIAN:

Appendix 3

Medication Consent and Record

Full Name of child			
Gender			
Date of Birth		Class	
Details of medical condition/illnes			

In accordance with the Doctor's advice my child can have:

Medicine Name	
Date Dispensed	
Expiry Date	
Dosage and Method	
Timing	
Special Precautions	
Are there any side effects?	
Self-Administration	NO – PLEASE NOTE WE CAN ONLY PROVIDE ORAL MEDICATION THROUGH A SYRINGE WHICH MUST BE PROVIDED WITH THE MEDICATION.
Procedures to take in an emergency:	
Contact Name	
Daytime Telephone Number	
Relationship to child	
Address	
Place of work	

Mum/Dad has given consent to administer the medication when required from today's date until further notice.

- The dosage will be recorded on the child's medicine record sheet attached to the form.
- The dosage will be administered by syringe.

Parent Name		Date	
Relationship to child		Signature	
Medication Administration end date		Signature	

Appendix 5

While we can do our best to put plans in place to prevent further damage to your child we cannot guarantee an accident free school.

DONE OUT OF SCHOOL/DONE IN SCHOOL

Risk Assessment for a Pupil with a broken/injured leg or ankle

Name: _____ Class: _____
Date of Birth: _____ Date Plan drawn up: _____
Medical Condition: Broken/injured leg or ankle

Family Contact

Name: _____
Phone Number: _____
Relationship: _____

Describe medical condition and give details of pupil's individual symptoms:

- Broken leg/ankle
- Leg in cast/splint/support boot
- Possible symptoms – pain, circulation, lack of movement

Daily Care requirements (e.g. before sport/lunchtime)

- Sit at the end of the table in the classroom to prevent any knocks
- Stay in medical area at playtime and lunch time
- Crutches easy accessible
- No PE at this time
- Avoid weight bearing and elevate where necessary
- Buddy to carry lunch tray and lunch staff to support ensure that child is sat in a safe space and not out of their seat
- Leave the classroom first with a buddy (to help with doors) to ensure that she/he isn't tripped
- Ensure where possible that there are no obstacles
- Adult appointed to ensure exit from building is safe during a fire evacuation
- To be dropped off and picked up from office/reception (TA to escort child)

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

- Severe pain in the leg
- Numbness, lack of mobility or discolouration of the toes
- Call Family contact (number at top of sheet) with concern
- In the event of an emergency requiring immediate response call 111/999

Follow up care/medication

- Pain relief (analgesia) to be administered if required
- Relevant paperwork completed by parent/carer for administering medication

I consent to the content of this risk assessment and understand that it will remain in place until signed off. Please contact the office to complete our risk assessment removal form.

Parent signature:

Medical Signature:

Teacher Signature:

Head teacher Signature:

Copy to: Parent/carer, Class Teacher and Copy placed in Risk Assessment File (Medical Office)

Appendix 6

While we can do our best to put plans in place to prevent further damage to your child we cannot guarantee an accident free school.

DONE OUT OF SCHOOL/DONE IN SCHOOL

Risk Assessment for a Pupil with a broken/injured arm or hand

Name:

Class:

Date of Birth:

Medical Condition:

Date Plan drawn up:

Family Contact

Name:

Phone Number:

Relationship:

Describe medical condition and give details of pupil's individual symptoms:

- Broken arm
- Arm in cast/ splint
- Possible symptoms – pain, circulation, lack of movement

Daily Care requirements (e.g. before sport/lunchtime

- Sit at the end of the table in the classroom to prevent any knocks
- Stay in medical area at playtime and lunch time
- No PE at this time
- Buddy to carry lunch tray and lunch staff to support ensure that child is sat in a safe space and not out of seat
- Leave the classroom first with a buddy (to help with doors) to ensure that she/he isn't tripped
- Ensure where necessary that there are no obstacles
- To be dropped off and picked up from office/reception (TA to escort child)
- Adult appointed to ensure exit from building is safe during a fire evacuation

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

- Severe pain felt around injury
- Numbness, lack of mobility or discolouration of the fingers
- Call Family contact (number at top of sheet) with concern
- In the event of an emergency requiring immediate response call 111/999

Follow up care/medication

- Pain relief (analgesia) to be administered if required
- Relevant paperwork completed by parent/carer for administering medication

I consent to the content of this risk assessment and understand that it will remain in place until signed off. Please contact the school office to complete our risk assessment removal form.

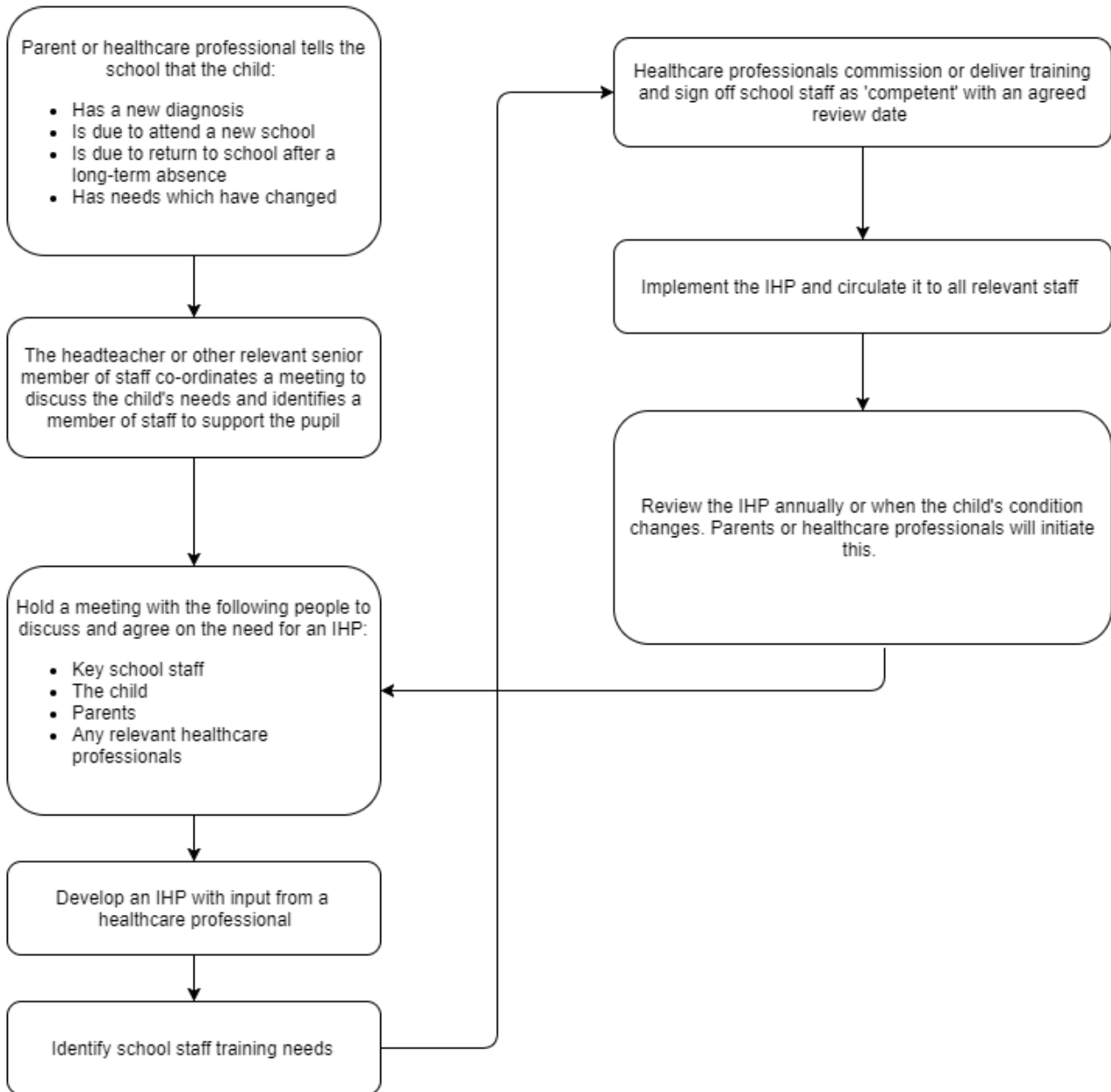
Parent signature:

Medical Signature:

Teacher Signature:

Head teacher Signature:

**Copy to: Parent/carer, Class Teacher and Copy placed in Risk Assessment File
(Medical Office)**



Ratification

Date ratified by the Governing Board: June 2025

Date of last review: September 2024

Next review date: Summer 2026

Signed by Chair of Governors: Richard Claridge

Date: 19th June 2025