

Sherwood Primary School

Supporting Pupils with Medical Conditions



October 2026

# Sherwood Primary School

## Supporting Pupils with Medical Conditions



## Sherwood Curriculum Rationale

We aim to provide a creative and challenging curriculum that inspires our children and prepares them for life in a culturally diverse and ever-changing world. High expectations, inclusive approaches and excellent teaching will form the basis of all our work. Our pupils will have the opportunity to explore, ask questions, discover and become resilient, independent learners. Our Curriculum will prepare our children for life-long learning.

Inspire • Explore • Achieve

## Sherwood Values

Teaching and Learning at Sherwood Primary School is underpinned by six core values.

The 6 Sherwood Core-Values are:

- Honesty
- Perseverance
- Respect
- Adventure
- Aspiration
- Independence

Alongside our core values, we also promote the fundamental British values of democracy, the rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs across the curriculum.

## Equality Statement

We aim to provide the highest possible education for all children at Sherwood Primary School. The ethos of our school clearly reflects our commitment to fully including, respecting and supporting all members of our school community whatever their cultural background, belief, gender, race or disability.

At Sherwood, we believe that equality should permeate every aspect of School life and is the responsibility of every member of our School Community.

Every member of our School Community should feel safe, secure, valued and of equal worth. We are committed to ensuring equality of education and opportunity for all

pupils; irrespective of race, gender, gender variance, disability, belief, religion socio-economic background or sexual orientation.

It is our aim to understand and tackle the different barriers which could lead to unequal outcomes for different groups of pupils in School. The Equality Act provides a framework to support our commitment to valuing diversity, tackling discrimination, promoting equality and fostering good relationships between people. It is our aim to celebrate and value the equal opportunity achievements and strengths of all members of our School Community.

## Introduction

The governors of Sherwood Primary School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs.

We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which

can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

We also appreciate that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy.

## The role of the Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support are able to access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

## The role of the Head Teacher

The Head teacher of this school has overall responsibility to ensure that this policy is developed and implemented effectively with partners. The head teacher will ensure that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the LA, alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

## The role of School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

In consultation with the a member of the Senior Leadership Team, the class teacher will work closely with parents and carers to develop IHCPs.

## The role of the School Nurse and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

## Our Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. We will seek to involve our pupils fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

## The role of Parents and Carers

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## Individual Health Care Plans (IHCPs)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure

that this school can assesses and manage identified risks to their education, health and social well-being and minimises disruption.

An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage), and other treatments, time, facilities e.g. need for privacy, 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 etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- 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 etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;

- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

## Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

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

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

## Training

The Head Teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified

during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice, but will not be the sole trainer.

A relevant healthcare professional, often the school nurse, will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals (including the school nurse) can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

## Managing Medicines

We are committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Medication that is not written into an Individual Healthcare plan, will only be administered in exceptional circumstances.
- With agreement of the Headteacher, only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage will be administered in school. The exception to this is insulin which must still be in date, but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate.
- Non-prescribed medicines will not be administered in school or on educational visits unless part of a child's IHCP or there are exceptional circumstances. Exceptional circumstances may include: pain relief in an emergency during a residential trip.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.

- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

## Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore it is imperative that controlled drugs are strictly managed between school and parents.

Ideally controlled drugs should be brought into school on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

## Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils (in consultation with emergency services) are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit.

Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Kit (Appendix E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened and staff should use Appendix I: Template Note Informing Parents of Emergency Salbutamol Inhaler Use).

## Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G. If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

## Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so, but can still

achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

## Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this school has one as part of our first aid equipment.

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location.

## Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines 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; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- 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 or medical room unaccompanied or with someone unsuitable;
- penalise children 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, or otherwise make them feel obliged, to attend school to administer medicine 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 create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## Complaints

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure that is available to view on the school website.

Linked Policies:

- Asthma Policy
- Allergy Policy

## Approval

Approval date: October 2026

Review date: October 2028



Mrs J Lumb  
Headteacher



Mrs E Cockburn Hyde  
Chair of Governors

## Process for Developing an Individual Healthcare Plan (IHCP)

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.



The Head teacher or senior member of school staff to whom this task has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHCP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.



A meeting takes place to discuss and agree on the need for an IHCP to include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).



After agreeing who leads on writing it, an IHCP is developed in partnership. Input from a healthcare professional must be provided at this stage.



School staff training needs are identified.



Healthcare professional(s) commission/deliver training and school staff are signed off by the trainer as competent – a review date is agreed.



The IHCP is implemented and circulated to relevant staff.



The IHCP is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional or by school due to an incident or identified change in needs or school procedures.



## Individual Healthcare Plan (IHCP)

|                                                                                                                                                                 |               |                     |                               |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-------------------------------|--------------|
| <b>School/Setting:</b>                                                                                                                                          |               |                     |                               | <b>PHOTO</b> |
| <b>Name of Child:</b>                                                                                                                                           |               |                     |                               |              |
| <b>Date of Birth:</b>                                                                                                                                           |               |                     |                               |              |
| <b>Address of Child:</b>                                                                                                                                        |               |                     |                               |              |
| <b>Gender:</b>                                                                                                                                                  | MALE / FEMALE | <b>Class/Form:</b>  |                               |              |
| <b>Date:</b>                                                                                                                                                    |               | <b>Review Date:</b> |                               |              |
| <b>Who is responsible for providing support in school?</b>                                                                                                      |               |                     |                               |              |
| <b>Medical Diagnosis or Condition</b>                                                                                                                           |               |                     |                               |              |
|                                                                                                                                                                 |               |                     |                               |              |
| <b>EMERGENCY CONTACT INFORMATION</b>                                                                                                                            |               |                     |                               |              |
| <b>Family Contact 1</b>                                                                                                                                         |               |                     | <b>Family Contact 2</b>       |              |
| <b>Name:</b>                                                                                                                                                    |               |                     | <b>Name:</b>                  |              |
| <b>Relationship to Child:</b>                                                                                                                                   |               |                     | <b>Relationship to Child:</b> |              |
| <b>Work Tel. No:</b>                                                                                                                                            |               |                     | <b>Work Tel. No:</b>          |              |
| <b>Home Tel. No:</b>                                                                                                                                            |               |                     | <b>Home Tel. No:</b>          |              |
| <b>Mobile Tel. No:</b>                                                                                                                                          |               |                     | <b>Mobile Tel. No:</b>        |              |
| <b>Clinic or Hospital Contact</b>                                                                                                                               |               |                     | <b>GP Contact</b>             |              |
| <b>Name:</b>                                                                                                                                                    |               |                     | <b>Name:</b>                  |              |
| <b>Contact No:</b>                                                                                                                                              |               |                     | <b>Contact No:</b>            |              |
| <b>Describe the child's medical needs</b> (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.) |               |                     |                               |              |
|                                                                                                                                                                 |               |                     |                               |              |

|                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medicine details</b> (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)                                                             |
|                                                                                                                                                                                                                                                                                                                |
| <b>Agreed procedure in the event that medicine or procedures are refused by the child</b>                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                |
| <b>Daily care requirements</b> (e.g. before sports activities, at lunchtime etc.)                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                |
| <b>Specific support in place for any educational, social and emotional needs</b> (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school. |
|                                                                                                                                                                                                                                                                                                                |
| <b>Arrangements for educational visits or other activities outside the normal timetable</b>                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                      |                  |                               |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|-------------|
| <b>Describe what constitutes an emergency and the action to take if this occurs</b>                                                                                                  |                  |                               |             |
| Permission held to administer <b>salbutamol</b> in an asthma emergency.                                                                                                              | YES              | NO                            | N/A         |
|                                                                                                                                                                                      |                  |                               |             |
| <b>Describe any follow-up care required</b>                                                                                                                                          |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
| <b>Who is responsible in an emergency?</b> (Please state if different for different activities e.g. off-site etc.):                                                                  |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
| <b>Staff training needs identified or already undertaken</b> (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when) |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
| <b>Plan developed with:</b> (e.g. child, parents, healthcare professional, school nurse, therapist etc.)                                                                             |                  |                               |             |
| <b>Print Name</b>                                                                                                                                                                    | <b>Signature</b> | <b>Relationship to child:</b> | <b>Date</b> |
|                                                                                                                                                                                      |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |
| <b>Form copied to</b> (Please state who holds copies of this information and where):                                                                                                 |                  |                               |             |
|                                                                                                                                                                                      |                  |                               |             |

## Parental Consent to Administer Medicine (without MP signature)

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

|                                                                                                             |          |                                        |               |
|-------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|---------------|
| <b>School/Setting:</b>                                                                                      |          |                                        |               |
| <b>Name of Child:</b>                                                                                       |          | <b>Gender:</b>                         | MALE / FEMALE |
| <b>Date of Birth:</b>                                                                                       |          | <b>Class/Form:</b>                     |               |
| <b>Date for review to be initiated by:</b>                                                                  |          |                                        |               |
| <b>Medical diagnosis, condition or illness</b>                                                              |          |                                        |               |
|                                                                                                             |          |                                        |               |
| <b>MEDICINE(S)</b>                                                                                          |          |                                        |               |
| <b>Name/type of medicine(s)</b><br>(as described on the container)                                          |          |                                        |               |
| <b>Expiry date</b>                                                                                          |          |                                        |               |
| <b>Dosage and method of administration</b>                                                                  |          |                                        |               |
| <b>Timing</b>                                                                                               |          |                                        |               |
| <b>Special precautions or other instructions</b> e.g. with food etc.                                        |          |                                        |               |
| <b>Side effects that the school/ setting must know about</b>                                                |          |                                        |               |
| <b>Can the child self-administer?</b>                                                                       | YES / NO | <b>If YES is supervision required?</b> | YES / NO      |
| <b>Does any medicine need to be carried by the child on their person, what and where will they keep it?</b> |          | YES / NO                               |               |
| <b>Procedures to take in an emergency</b>                                                                   |          |                                        |               |

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.**

|                                                                                                                                                                                                                                                                                                                                           |  |                        |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------|
| <b>CONTACT INFORMATION</b>                                                                                                                                                                                                                                                                                                                |  |                        |            |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                              |  |                        |            |
| <b>Relationship to Child:</b>                                                                                                                                                                                                                                                                                                             |  |                        |            |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                           |  | <b>Work Tel. No:</b>   |            |
|                                                                                                                                                                                                                                                                                                                                           |  | <b>Home Tel. No:</b>   |            |
|                                                                                                                                                                                                                                                                                                                                           |  | <b>Mobile Tel. No:</b> |            |
| <b>I understand that I must deliver the medicine personally to:</b><br>(name the agreed member(s) of staff)                                                                                                                                                                                                                               |  |                        |            |
| I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.                                                                                                                                                                       |  |                        | YES NO N/A |
| I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.                                                                                                                                                                                                                                |  |                        | YES NO N/A |
| The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped. |  |                        |            |

|                |  |              |  |
|----------------|--|--------------|--|
| <b>Signed:</b> |  | <b>Date:</b> |  |
|----------------|--|--------------|--|

## Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

|                                            |  |                                 |  |                                          |  |                    |  |
|--------------------------------------------|--|---------------------------------|--|------------------------------------------|--|--------------------|--|
| <b>Name of school/setting:</b>             |  |                                 |  |                                          |  |                    |  |
| <b>Name of child:</b>                      |  |                                 |  | <b>Date of Birth:</b>                    |  | <b>Class/Form:</b> |  |
| <b>Name and strength of medicine:</b>      |  |                                 |  |                                          |  |                    |  |
| <b>Dose and frequency of medicine:</b>     |  |                                 |  |                                          |  |                    |  |
| <b>Date medicine received from parent:</b> |  | <b>Expiry date of medicine:</b> |  | <b>Date medicine returned to parent:</b> |  |                    |  |
| <b>Quantity of medicine received:</b>      |  |                                 |  | <b>Quantity returned to parent:</b>      |  |                    |  |
| <b>Staff Signature:</b>                    |  |                                 |  | <b>Parent Signature:</b>                 |  |                    |  |

**PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'**

|                                     |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|
| <b>Date:</b>                        |  |  |  |  |  |  |  |  |
| <b>Time given:</b>                  |  |  |  |  |  |  |  |  |
| <b>Dose given:</b>                  |  |  |  |  |  |  |  |  |
| <b>Any reaction?</b>                |  |  |  |  |  |  |  |  |
| <b>Name of staff administering:</b> |  |  |  |  |  |  |  |  |
| <b>Staff initials (1):</b>          |  |  |  |  |  |  |  |  |
| <b>Staff initials (2):</b>          |  |  |  |  |  |  |  |  |

|                              |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|
| Date:                        |  |  |  |  |  |  |  |  |
| Time given:                  |  |  |  |  |  |  |  |  |
| Dose given:                  |  |  |  |  |  |  |  |  |
| Any reaction?                |  |  |  |  |  |  |  |  |
| Name of staff administering: |  |  |  |  |  |  |  |  |
| Staff initials (1):          |  |  |  |  |  |  |  |  |
| Staff initials (2):          |  |  |  |  |  |  |  |  |

|                              |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|
| Date:                        |  |  |  |  |  |  |  |  |
| Time given:                  |  |  |  |  |  |  |  |  |
| Dose given:                  |  |  |  |  |  |  |  |  |
| Any reaction?                |  |  |  |  |  |  |  |  |
| Name of staff administering: |  |  |  |  |  |  |  |  |
| Staff initials (1):          |  |  |  |  |  |  |  |  |
| Staff initials (2):          |  |  |  |  |  |  |  |  |

|                              |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|
| Date:                        |  |  |  |  |  |  |  |  |
| Time given:                  |  |  |  |  |  |  |  |  |
| Dose given:                  |  |  |  |  |  |  |  |  |
| Any reaction?                |  |  |  |  |  |  |  |  |
| Name of staff administering: |  |  |  |  |  |  |  |  |
| Staff initials (1):          |  |  |  |  |  |  |  |  |
| Staff initials (2):          |  |  |  |  |  |  |  |  |

Record of Medicine Administered to All Children

|                         |  |
|-------------------------|--|
| Name of school/setting: |  |
|-------------------------|--|

| Date | Name of Child | Time | Name of Medicine | Dose Given & How | Any Reactions | Signature of Staff | Print Name |
|------|---------------|------|------------------|------------------|---------------|--------------------|------------|
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |
|      |               |      |                  |                  |               |                    |            |

[illegible]

## Staff Training Record – Supporting Pupils with Medical Conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

|                                                                                                                                                                                                |  |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|
| <b>Name of School/Setting:</b>                                                                                                                                                                 |  |              |  |
| <b>Name(s) of Staff:</b>                                                                                                                                                                       |  |              |  |
| <b>Type of Training Received:</b><br>Describe in brief what was covered<br>e.g. Whole School Awareness (and the content of it), physiotherapy,<br>administering medicine, tube feeding<br>etc. |  |              |  |
| <b>Date Training Completed:</b>                                                                                                                                                                |  |              |  |
| <b>Name of Trainer:</b>                                                                                                                                                                        |  |              |  |
| <b>Training Provider:</b><br>Organisation, profession and job title<br>of the person delivering the training.                                                                                  |  |              |  |
| I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.                                            |  |              |  |
| Date by which I recommend this training be updated:                                                                                                                                            |  |              |  |
| <b>Trainer Signature:</b>                                                                                                                                                                      |  | <b>Date:</b> |  |
| I confirm that I have received the training detailed above.                                                                                                                                    |  |              |  |
| <b>Staff Signature(s):</b>                                                                                                                                                                     |  | <b>Date:</b> |  |

## Summoning Emergency Services

To summon an ambulance, dial **any prefix required** to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

**Your telephone number including any extension number.**

**Your name.**

**Your location.**

Sherwood Primary School, PR2 9GA

**The exact location of the patient within the school.**

**The name of the patient and a brief description of their symptoms.**

**The best entrance for the ambulance crew to use and state they will be met and taken to the patient.**

## Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

Dear Parent

### 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 school's policy for supporting pupils at school 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 your child needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, 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 on 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 Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information 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, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

*[Delete the statements below that do not apply to the action taken]*

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

---

## Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

*[Delete the statements below that do not apply to the action taken]*

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely