



## Children with Medical Needs Policy

Date: Summer 2026

Review date: Summer 2027



**Little Bears @ Brierley**

# CHILDREN WITH MEDICAL NEEDS POLICY

## Nurture, Aspire, Believe, Achieve

This policy aims to describe the effective management systems and measures in place at Brierley Primary School to support individual children with medical needs. Whilst it is recognised that children who are acutely unwell should be kept at home, we also recognise that positive responses by school to a child's medical needs not only benefit the child directly by improving their attendance and access to the curriculum, but can also positively influence the attitude of their peers.

This policy is written in line with statutory guidance from the Department for Education, including Supporting Pupils at School with Medical Conditions, and should be read alongside the school's safeguarding policies, including Keeping Children Safe in Education.

The school recognises that supporting pupils with medical needs is closely linked to safeguarding and promoting the welfare of children. Staff are aware that a child's medical needs may impact their wellbeing, attendance and ability to learn, and will respond appropriately.

Brierley Primary School will not discriminate against pupils with medical needs or disabilities in relation to their access to education, including all aspects of school life such as clubs and activities. The school will make reasonable adjustments, where appropriate, to ensure that all pupils can fully access learning and participate in all aspects of school life.

### **Roles and Responsibilities**

The Governing Board has overall responsibility for ensuring that this policy is implemented effectively.

The Headteacher is responsible for:

- ensuring this policy is implemented and reviewed;
- ensuring staff receive appropriate training;
- ensuring appropriate systems are in place to support pupils with medical needs.

The SENCo is responsible for:

- coordinating support for pupils with medical needs;
- acting as the main point of contact for parents and external agencies;
- ensuring individual health care plans are in place and reviewed.

Staff are responsible for:

- supporting pupils with medical needs in line with this policy;
- following individual health care plans;
- applying procedures consistently;
- reporting concerns appropriately.

Administrative staff are responsible for:

- maintaining accurate records of medication;
- ensuring medication is stored safely and securely.

Parents and carers are responsible for:

- providing accurate and up-to-date information about their child's medical needs;
- supplying medication in line with school requirements;
- working in partnership with the school.

All supply staff and external providers will be made aware of pupils' medical needs where appropriate.

### **Children with Medical Needs**

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may

require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

In some cases an individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

### **Supporting Pupils with Medical Needs**

The school is committed to being fully inclusive and will make reasonable adjustments to ensure that pupils with medical needs can access education and participate in all aspects of school life.

We will work in partnership with parents, pupils and healthcare professionals to ensure that appropriate support is in place.

Where absences are related to a pupil's medical condition, these will be managed sensitively and pupils will not be penalised.

Parents have the prime responsibility for their child's health and should provide us with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

The school will administer medication where it is necessary for a pupil to attend school and where appropriate arrangements are in place. Medication will not be administered unnecessarily, and where possible, medicines should be prescribed in a way that allows them to be taken outside of school hours.

Some children with medical conditions have complex health needs that require more support than regular medicine. Brierley Primary will endeavour to support all children, and further training and personnel issues will be addressed as these complex needs arise.

### **Administration of Medication**

Medication will only be administered when:

- written parental consent has been provided;
- the medication is in its original packaging with clear labelling;
- dosage and instructions are clearly stated;
- staff are appropriately trained and feel competent to administer it.

Medication must be delivered to the school by a parent or carer and handed to a designated member of staff.

The school will maintain accurate records of all medication administered.

### **Long-term Medical Needs**

At Brierley we place stress on gaining sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

The Special Educational Needs and Disability Code of Practice: 0-25 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

We need to know about any particular needs before a child is admitted to Brierley, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will develop a written health care plan for such children, involving the parents and relevant health professionals.

### **Self-Management**

Where appropriate, and in line with their age, understanding and individual health care plan, pupils may be supported to manage aspects of their own medical needs.

Due to the age of pupils at Brierley Primary School, most medication will be stored safely and administered by staff. However, pupils will have access to their medication where this is necessary, for example in the case of inhalers or emergency medication.

All arrangements for self-management or access to medication will be agreed with parents and healthcare professionals and clearly set out in the pupil's individual health care plan.

### **Storage of Medication**

For pupils who require access to an inhaler for asthma, these will be stored in an appropriate secure area of the classroom, together with a copy of the child's school asthma record card. Other long-term medication is stored in a locked cupboard or in the fridge in the school office.

### **Unacceptable Practice**

The school will not:

- prevent pupils from accessing their medication;
- assume that every pupil with the same condition requires the same support;
- ignore medical advice or individual health care plans;
- send pupils home unnecessarily or prevent them from participating in activities;
- penalise pupils for attendance or behaviour related to their medical condition.

### **Refusing Medicines**

If a child who needs to regularly take long-term medication, refuses to take medicines, staff will not force them to do so, but will note this in the records. Any individual health care plan may make particular reference to the procedures to be followed, however we will contact the parent on the day to inform them of the refusal.

### **Educational Visits**

At Brierley, we encourage children with medical needs to participate in safely managed visits. We will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. This will be a consideration when the school prepares its Risk Assessments and plans for the visit.

Sometimes additional safety measures may need to be taken for outside visits. It may be that additional supervisors or volunteers might be needed to accompany a particular child. We will ensure that all helpers from school and at the visit site are fully informed of any particular medical needs, and relevant emergency procedures. A copy of any health care plan will be taken on visits in the event of the information being needed in an emergency. Where staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, we will seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Specific health conditions are detailed in this policy.

Staff supervising sporting activities will consider whether risk assessments are necessary for some children, will be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Disposal of Medicines**

Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. We ask parents to collect medicines held at the end of the academic year. If medicines are not collected, they will be taken to a local pharmacy for safe disposal. Sharps boxes will always be used for the disposal of needles where they have to be used. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff are referred to the Cheshire East guidelines for 'Controls to Prevent the Spread of Infection'. Staff have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment in suitable receptacles. There are a number of fully trained first aiders in the school who are suitably qualified to deal with minor accidents.

### **Emergency Procedures**

Staff are aware of emergency procedures. In the event of an accident, a first aider will assess the situation and take the following graduated steps:

- In the case of a severe accident, an ambulance will be called
- Parents will be informed
- In less severe cases e.g. a cut which might require stitches, parents will be informed and asked to collect their child – a report will be completed through 'Prime Incident Reporting'
- If parents cannot be contacted and the time of the accident is not near the end of the school day, the Headteacher or Assistant Headteacher will accompany the child to the local hospital.
- Two members of staff will take the child - one driver and one to tend to the child
- Where only one member of staff is available, a taxi may be called so that the member of staff can care for the child.

Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example, if there is an accident in the playground our lunchtime supervisors will be clear of their role.

### **Drawing up a Health Care Plan**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is required to administer medicines. An individual health care plan clarifies for staff, parents and the child the help that can be provided. Staff will be guided by the child's GP or paediatrician. Staff will agree with parents how often they should jointly review the health care plan. This will normally be once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

In addition to input from the health professionals, others may need to contribute to a health care plan:

- Headteacher
- The parent or carer
- The child (if appropriate)
- Class teacher
- Support staff/first aiders

Our SENCO (Special Educational Needs Co-ordinator) will co-ordinate and share information on an individual with medical needs and will be the first contact for parents and staff, and liaise with external agencies. Supply staff will also be informed of medical needs. As children move to different classes as the years pass, the SENCO/class teacher will ensure that information in individual health care plans is passed on to the new teacher.

When staff agree to assist a child with medical needs, appropriate training, e.g. epi-pen training, in collaboration with local health services may be necessary. Brierley will ensure that this is put in place and work with outside agencies to achieve this wherever it is practically possible. Training will be documented and records retained in the main office.

### **Confidentiality**

The head and staff will always treat medical information confidentially. Agreement will be reached with parents and carers who else should have access to records and other information about a child. Information will be shared appropriately with relevant staff to ensure pupils are supported safely and effectively.

### **Common Conditions – Our Approach to Asthma, Epilepsy, Diabetes and Anaphylaxis**

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). The policy summarises our approach but further information is available from leading charities.

#### **Asthma**

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. Children with significant asthma should have an individual health care plan.

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms of shortness of breath, tight feeling in the chest, coughing and wheezing. They are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually taken out of school hours. Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this.

Parents will be asked to complete an asthma medication request form (Appendix 2) and a copy of this will be stored with the inhaler as well as on file in the school office. Staff will support children with asthma to take charge of and use their inhaler from an early age. Staff will make sure that inhalers are stored in a safe but accessible place in the classroom, and clearly marked with the child's name. Inhalers will always be available during physical education, sports activities and educational visits.

When a child has an attack they should be treated according to their individual health care plan or school asthma card (Appendix 1). Parents will be asked to review this information on an annual basis and inform school of any changes in treatment as directed by the asthma clinic or GP. Copies of their child's asthma care plan should be made available to school. This will be stored centrally and shared with staff.

Children with asthma should participate in all aspects of the school day including physical activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial. All staff are aware of the need for warm-up activities before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

#### **Epilepsy**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream

school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. Since epilepsy takes so many different forms, Brierley will work closely with health care professionals and parents to draw up an individual health care plan, setting out the particular pattern of an individual child's epilepsy.

If a child does experience a seizure in school, details will be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion
- Any unusual 'feelings' reported by the child prior to the seizure
- Parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- The timing of the seizure - when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent.

In this way, we hope to give parents more accurate information to the child's specialist. The individual manifestations of the child's particular epilepsy will be discussed at length with the parents so that staff are aware of triggers, medicines and issues of safety. Staff will need to be made aware of what actions to take in the event of a seizure.

In some circumstances, an ambulance will be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if we are unaware of how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or paediatrician will provide guidance as to when to administer it and why. Should the child require administration of rectal diazepam training will be given. Staying with the child afterwards is important as diazepam may cause drowsiness.

Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intranasally, may be prescribed as an alternative to rectal diazepam. Instructions for use must come from the prescribing doctor. In the event that rectal diazepam needs to be administered training will be given to two adult staff, at least one of the same gender as the child. Both will be present at administration to ease the practical considerations and to minimize the potential for accusations of abuse. Children will be given privacy when intimate care is being provided.

## **Diabetes**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone. Each child may experience different symptoms and these will be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally draw such signs to the parents' attention. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can

manage their own injections, but if doses are required at school, supervision may be required, and also a suitable, private place to carry it out.

The individual health care plan will identify the approach in each case and this may include provision for regular snacks during the day, even during class times and sometimes prior to exercise. When staff agree to administer blood glucose tests or insulin injections, they will be trained by an appropriate health professional. Staff will be made aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - hypoglycaemic reaction (hypo) in a child with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour.

The different symptoms experienced by children will be discussed when drawing up a health care plan. If a child has a hypo, they will not be left alone and a fast acting sugar, such as glucose tablets, a sugary drink will be brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given once the child has recovered, some 10-15 minutes later.

An ambulance will be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

### **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalized flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child will be watched carefully. They may be heralding the start of a more serious reaction. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription.

Should a severe allergic reaction occur, the adrenaline injection will be administered into the muscle of the upper outer thigh. An ambulance will always be called.

The child's individual health care plan will detail:

- What may trigger anaphylaxis
- What to do in an emergency
- Prescribed medicine
- Food management
- Precautionary measures

Copies of health plans are kept in the child's classroom and also in the school office, to provide ready access to information and emergency contact details.

Communication with catering staff is crucial so that the child's particular requirements can be met. Whilst we will endeavour to reduce any food triggers, it is not always feasible to exclude certain foods from the premises. However, appropriate steps to minimize any risks to allergic children will be taken.

### **Safeguarding**

Supporting pupils with medical needs is closely linked to safeguarding. All staff will follow safeguarding procedures and report concerns in line with school procedures. This is in line with Keeping Children Safe in Education.

### **Complaints**

Any concerns regarding the support provided to a pupil with medical needs should be raised in line with the school's complaints procedure.

### **DfE REFERENCES**

This policy has been developed in accordance with current statutory guidance from the Department for Education and relevant legislation.

It reflects the expectations set out in:

Supporting Pupils at School with Medical Conditions (DfE)

Keeping Children Safe in Education

Equality Act 2010

Special Educational Needs and Disability Code of Practice: 0–25 years

### **EQUALITY AND INCLUSION**

Brierley Primary School is committed to promoting equality, inclusion and fairness in all aspects of school life, in line with the Equality Act 2010. We believe that all pupils have the right to feel safe, valued and respected, and to access education free from discrimination. The school will make reasonable adjustments, where appropriate, particularly for pupils with special educational needs and disabilities (SEND), to ensure that all pupils with medical needs can fully access education and achieve their potential. No individual will be disadvantaged on the basis of protected characteristics or personal circumstances.

### **DATA PROTECTION**

The school is committed to ensuring that personal information is handled lawfully and securely in line with the Data Protection Act 2018 and UK GDPR.

Information relating to pupils' medical needs is:

- recorded proportionately and appropriately
  - stored securely
- shared only with relevant staff and agencies where necessary to support pupils' wellbeing and safety

All data is processed in accordance with the school's Data Protection Policy.

### **GOVERNOR REVIEW AND MONITORING**

The Governing Board has a statutory duty to ensure that appropriate arrangements are in place to support pupils with medical needs.

The governing body will:

- ensure that this policy is implemented effectively
- monitor the provision and support for pupils with medical needs
- ensure that arrangements promote a safe, inclusive and supportive environment

This policy will be reviewed annually, or sooner where there are changes to legislation, statutory guidance or school practice.

Chair of Governors	Ratified	Review
<p data-bbox="236 129 416 159"><b>Mike Birchall</b></p> 	<p data-bbox="715 226 906 255"><b>Summer 2026</b></p>	<p data-bbox="1182 226 1374 255"><b>Summer 2027</b></p>

Appendix 1.

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

## Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

## What signs can indicate that your child is having an attack?

Parent/carer's signature

Date

Does your child tell you when s/he needs medicine?

Yes  No

Does your child need help taking his/her asthma medicine?

Yes  No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play?  Yes  No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?  Yes  No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

## Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

**Asthma UK Adviceline** Ask an asthma nurse specialist  
 0800 121 62 55 [asthma.org.uk/adviceline](http://asthma.org.uk/adviceline)  
 9am-5pm, Monday-Friday

Asthma UK Summit House, 70 White Street, London EC2A 20B  
 T 020 7726 4900 F 020 7726 6275

[asthma.org.uk](http://asthma.org.uk)

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18/01/11



**BRIERLEY PRIMARY SCHOOL**

**REQUEST FOR THE SCHOOL TO GIVE ASTHMA MEDICATION**

Dear Headteacher,

I request that ..... (Full name of Pupil)

Date of birth ..... Group/class/form .....

be given the following asthma medication while at school:

Type of inhaler .....  
(as described on container)

Dosage and method ..... Time(s) to be given.....

Other instructions .....

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on an annual basis.
4. The school will ensure that appropriate arrangements are in place in line with statutory guidance.

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth ..... Year Group .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff). I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

.....

Note to parents:

- Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
- Medicines must be in the original container as dispensed by the Pharmacy.
- The agreement will be reviewed on a termly basis.

The school will ensure that appropriate arrangements are in place in line with statutory guidance.