

Gresham Primary School

Supporting Pupils with Medical Conditions Policy

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Statement of intent

The governing board of Gresham Primary school has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

Gresham Primary school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

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

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

Signed by:

_____ Headteacher

Date: _____

_____ Chair of governors

Date: _____

1. Legal framework

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

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

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

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

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

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equal Opportunities Policy: Pupils
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy

2. Roles and responsibilities

2.1. The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

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

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

2.3. The headteacher is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.5. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

2.6. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.7. The school nurse is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

2.8. Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

2.9. Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

2.10. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2.11. The LA is responsible for:

- Commissioning school nurses for local schools.
 - Promoting cooperation between relevant partners.
 - Making joint commissioning arrangements for EHC provision for pupils with SEND.
 - Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
 - Working with the school to ensure that pupils with medical conditions can attend school full-time.
- 2.12. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.
- 2.13. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

3. Admissions

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

4. Notification procedure

- 4.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).
- 4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).
- 4.3. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

- 5.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
- 5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.

- 5.3. Training needs will be assessed by the school nurse through the development and review of IHPs, on a regular basis for all school staff, and when a new staff member arrives.
- 5.4. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 5.5. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.
- 5.6. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 5.7. Whole-school awareness training will be carried out on a regular basis for all staff, and included in the induction of new staff members.
- 5.8. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.9. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

6. Self-management

- 6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.
- 6.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices.
- 6.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.

7. Individual Health Plans

- 7.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.
- 7.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.
- 7.3. IHPs will include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink

(where this is used to manage a condition), dietary requirements, and environmental issues.

- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

- 7.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 7.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 7.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 7.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 7.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP. Additionally, the child's Passport for Learning will mention the medical needs if relevant to their learning or access needs.
- 7.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

8. Managing medicines

- 8.1. Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 8.2. Non-prescription medicines may be administered in the following situations:
 - When it would be detrimental to the pupil's health not to do so

- When instructed by a medical professional
- 8.3. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
 - 8.4. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.
 - 8.5. Parents will be informed every time medication is administered that is not agreed in an IHP.
 - 8.6. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
 - 8.7. All medicines are stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit.
 - 8.8. When medicines are no longer required, they will be returned to parents for safe disposal.
 - 8.9. Sharps boxes will be used for the disposal of needles and other sharps.
 - 8.10. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.
 - 8.11. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.
 - 8.12. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
 - 8.13. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

9. Receiving and storing medication

- 9.1. The parents of pupils who need medication administered at school will be sent a medication administration consent form to complete and sign; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16.
- 9.2. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present.
- 9.3. Consent obtained from parents will be renewed annually.

- 9.4. The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.
- 9.5. The school will only allow prescribed medication, and only a maximum of four weeks' supply, to be stored in the school.
- 9.6. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the sides of the bottle. This does not apply to insulin, which can be stored in an insulin pen.
- 9.7. The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils.
- 9.8. Medication will be stored according to the following stipulations:
 - In the original container alongside the instructions
 - Clearly labelled with the name of the pupil and the name and correct dosage of the drug
 - Clearly labelled with the frequency of administration, any likely side effects and the expiry date
 - Alongside the parental consent form
- 9.9. Medication that does not meet these criteria will not be administered.
- 9.10. Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will be not be kept in locked cupboards. Such medication will be stored in such a way that they are readily accessible to pupils who may need them and can self-administer, and staff members who will need to administer them in emergency situations.
- 9.11. The school will allow pupils who are capable of carrying their own inhalers to do so, provided parental consent has been obtained.
- 9.12. The school will ensure that spare inhalers for pupils are kept safe and secure in preparation for the event that the original is misplaced.
- 9.13. The school will not store surplus or out-of-date medication, and parents will be asked to collect containers for delivery back to the chemist.
- 9.14. The school will ensure that pupils know where their medication is at all times and are able to access them immediately, e.g. by ensuring that the identities of any key holders to the storage facilities are known by these pupils.
- 9.15. Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

10. Administering medication

- 10.1. Medication will only be administered at school if it would be detrimental to the pupil not to do so.
- 10.2. Staff will check the expiry date of each medication being administered to the pupil each time it is administered.
- 10.3. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.
- 10.4. Only suitably qualified members of staff will administer a controlled drug.
- 10.5. Medication will be administered in a private and comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be medical room.
- 10.6. The room will be equipped with the following provisions:
 - Arrangements for increased privacy where intimate contact is necessary
 - Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment after use if necessary
 - Available PPE for use where necessary
- 10.7. Before administering medication, the responsible member of staff should check:
 - The pupil's identity.
 - That the school possesses written consent from a parent.
 - That the medication name and strength and dose instructions match the details on the consent form.
 - That the name on the medication label is the name of the pupil who is being given the medication.
 - That the medication to be given is within its expiry date.
 - That the child has not already been given the medication within the accepted timeframe.
- 10.8. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.
- 10.9. If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

- 10.10. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member, provided that parental consent for this has been obtained.
- 10.11. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.
- 10.12. The school will not be held responsible for any side effects that occur when medication is taken correctly.
- 10.13. Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible.

11. Adrenaline auto-injectors (AAIs)

- 11.1. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy.
- 11.2. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 11.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 11.4. Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession.
- 11.5. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the classrooms.
- 11.6. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 11.7. In the event of anaphylaxis, a member of the office will collect a designated staff member who will administer.
- 11.8. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 11.9. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
- 11.10. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date.
- 11.11. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

- 11.12. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 11.13. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 11.14. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 11.15. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 11.16. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.
- 11.17. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:
- Where and when the reaction took place
 - How much medication was given and by whom
- 11.18. For children under the age of 6, a dose of 0.15 milligrams of adrenaline will be used.
- 11.19. For children aged 6-12 years, a dose of 0.3 milligrams of adrenaline will be used
- 11.20. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 11.21. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

12. Record keeping

- 12.1. In accordance with paragraphs [9.11](#), [9.12](#), [9.14](#) and [10.18](#), written records will be kept of all medicines administered to pupils.
- 12.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Major incidents are recorded in the major incidents book and recorded electronically. Minor incidents are recorded in the minor incidents book. Both books are kept in the medical room.

13. Emergency procedures

- 13.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 13.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 13.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

- 13.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.
- 13.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

14. Day trips, residential visits and sporting activities

- 14.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.
- 14.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.
- 14.3. The school will arrange for reasonable adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

15. Unacceptable practice

15.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16. Liability and indemnity

- 16.1. The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 16.2. The school holds an insurance policy through the Department of Education Risk Protection Arrangement (RPA) covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.

- 16.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

17. Complaints

- 17.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 17.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.
- 17.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 17.4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

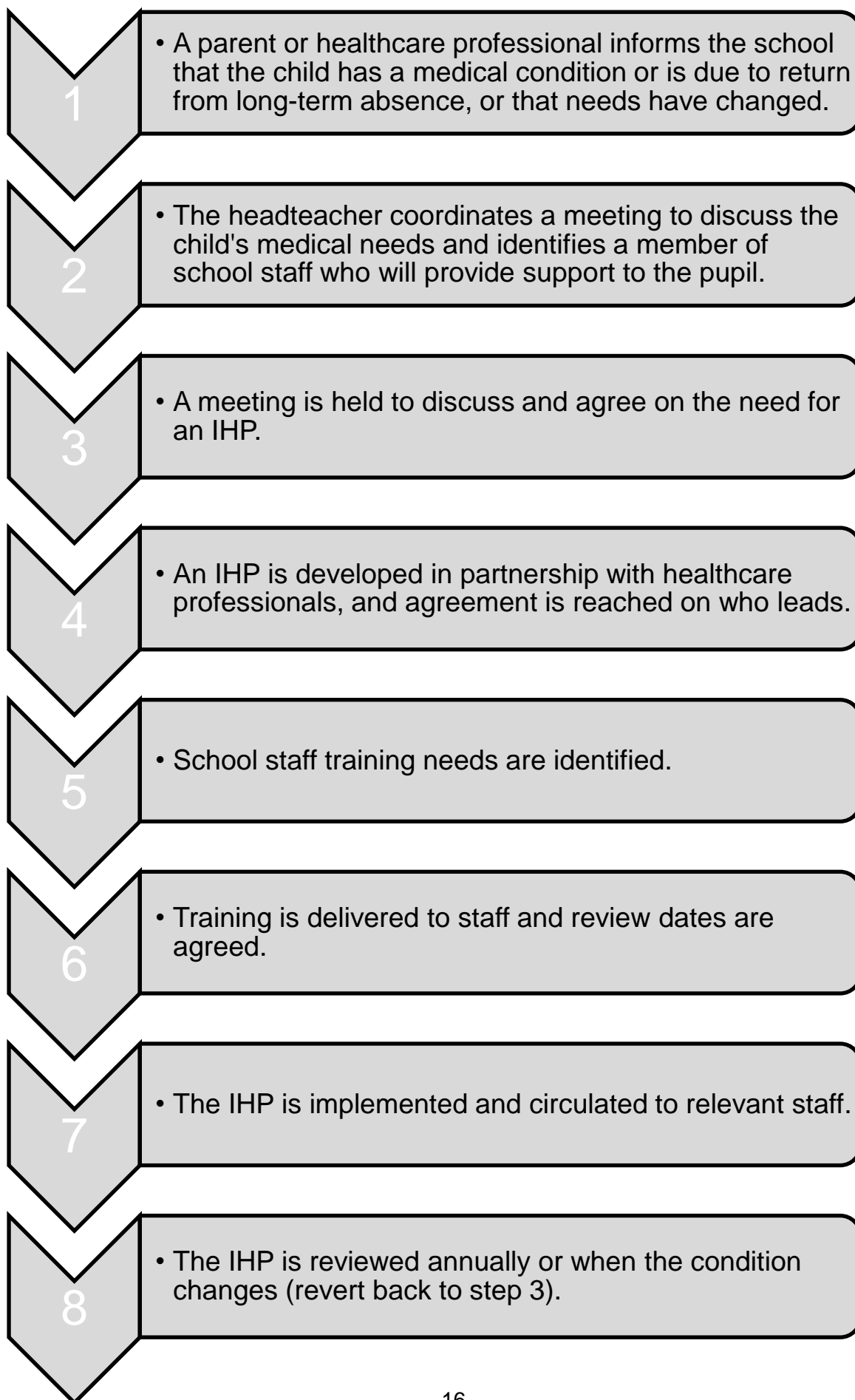
18. Home-to-school transport

- 18.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 18.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

19. Monitoring and review

- 19.1. This policy is reviewed on an biannual basis by the governing board, school nurse and Headteacher.
- 19.2. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.
- 19.3. The next scheduled review date for this policy is December 2026.

Individual Healthcare Plan Implementation Procedure



Individual Healthcare Plan

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Clinic/hospital contact	
Name:	

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

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

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

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

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

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

Plan developed with:

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

Form copied to:

Parental Agreement for the School to Administer Medicine

Date: _____

Childs name: _____ Class: _____

Medication name: _____

Reason for medication: _____ Dosage: _____

Timings:

Please note we will endeavour to keep to the timings however this is not always possible due to the unpredictable nature of the school life

Where medication to be kept: _____

From (date): _____ To (date): _____

Parent/guardian name _____ Signature: _____

Date	Time	Dose	Staff

Record of Medicine Administered to an Individual Pupil

Name of pupil:
 Group/class/form:
 Date medicine provided by parents:
 Quantity received:
 Name and strength of medicine:
 Expiry date:
 Quantity returned:
 Dose and frequency of medicine:

Date:
 Time given:
 Dose given:
 Name of member of staff:
 Staff signature:

Date:
 Time given:
 Dose given:
 Name of member of staff:
 Staff signature:

Date:
 Time given:
 Dose given:
 Name of member of staff:
 Staff signature:

Date:
 Time given:
 Dose given:
 Name of member of staff:
 Staff signature::

A copy to be provided to the ambulance crew.

Contacting Emergency Services

To be stored by the phone in the school office

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

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

- The telephone number:020 8657 1807.
- Your name.
- Your location as follows: Gresham Primary School Limpsfield Road Sanderstead.
- The postcode: CR2 9EA
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Letter Inviting Parents to Contribute to IHP Development

Address line one

Address line two

Town/city

Postcode

Date

RE: Developing an individual healthcare plan (IHP) for your child

Dear parent,

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 IHP to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals 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 IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs 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 IHP has been scheduled for date. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

[Attach appendix a, Individual Healthcare Plan, to this letter.]

I would be happy for you contact me via email address or phone number if this would be helpful.

Yours sincerely,

Name

Job role