

## Wootton-by-Woodstock CE Primary School

Policy Agreed: January 2019  
Person Responsible: Valerie Lucas  
To be reviewed: When advised

### **Policy for Supporting Pupils at school with Medical Conditions 2019**

#### **POLICY STATEMENT AND PURPOSE**

The Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils who have medical conditions. The key points for these arrangements are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions and disabilities are properly understood and effectively supported.

This Policy guidance is intended to ensure that children are properly supported and safeguarded.

The school is mindful that many medical conditions that require support at school will affect quality of life and may be life-threatening. Focus is placed on the needs of each individual child and how their condition will impact on school life. The school aims to minimise any disruption to the child's learning as far as possible.

Some children with medical conditions may also be considered disabled or have Special Educational Needs (SEN). Where appropriate, along with this Policy, reference should be made to the Equality Act 2010 and the SEN Code of Practice

In the Early Years Foundation Stage, staff should apply the [Statutory Framework for the Early Years Foundation Stage](#).

#### **AIMS**

The overriding aim is to ensure that all children & young people with physical, medical and mental health conditions are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

Sometimes it may mean taking longer term medication such as asthma inhalers. This policy aims to:

- Support pupils with medical conditions
- Ensure pupil access to all opportunities provided in school
- Clarify the procedures for administering medicines
- Maximise school attendance
- Safeguard staff

## MANAGEMENT

### Roles and Responsibilities

The Governing Body:

- Must ensure that pupils are fully supported at school and that the necessary resources and training opportunities are available to members of staff;
- Must ensure that the school's policy is clear about the procedures to be followed;
- Ensure that the policy is reviewed regularly and is readily accessible to parents and staff
- Ensure that staff are appropriately insured when administering medicines
- Ensure that written records are kept
- Ensure that pupils with medical conditions are included in all aspects of school life
- May delegate the responsibility for implementing this policy to the *Head Teacher*

The Head Teacher will:

- Be responsible for ensuring that the policy is developed as appropriate to the individual setting, its staff and the pupils concerned
- Oversee the implementation of this policy and ensure that sufficient staff are suitably trained to deal with medical needs of pupils
- Make all staff aware of the policy
- Ensure that all relevant staff are aware of medical conditions of pupils
- Ensure that sufficient staff are suitably trained
- Take overall responsibility for IHCPs
- Make sure that staff are insured to support pupils in this way
- Contact the school nursing service for support

Teachers must:

- Take account the needs of pupils with medical conditions. Teachers are not required to administer medicines but may be asked to support pupils in this way
- Attend relevant training before taking on the responsibility to support pupils with medical needs
- Brief supply teachers about pupils with medical needs
- Inform parents if a child refuses to self-medicate or accept medication
- Follow the guidance set out in this policy

All staff have a duty to:

- Safeguard the well-being of pupils
- Conduct risk assessments for school visits, clubs, residential visits and any other out of school activities
- Monitor individual healthcare plans
- Know what to do when they become aware that a pupil with medical condition needs help

*Staff* are encouraged to undertake the required training to support the implementation of this policy. In addition, staff should ensure that pupils comply with this policy.

School Nurses are responsible for:

- Notifying the school when a pupil has a medical condition which requires in school support **before the child starts school**
- providing advice, liaison with relevant healthcare professionals, training and support for school staff

#### Other Healthcare Professionals:

- Should notify the school nurse when a child has been identified as having a medical condition that will require support in school and provide advice on healthcare plans

#### Pupils:

- Should be fully involved with discussions about their medical support needs
- Should comply with their healthcare plan
- When they are judged competent to do so should manage their own healthcare needs and should carry or access their own self-medication quickly
- Cannot be forced to self-medicate if they refuse

*Pupils should be* clear about their responsibilities for ensuring that they follow all medical protocols within the school.

#### Parents:

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication. They must provide the school with all the relevant information in order for the school to provide their child with the necessary care. They

- Should provide the school with up to date information about their child's medical needs
- Be involved in the development and review of the IHCP
- Carry out their part of the plan e.g. provide medicines and equipment
- Abide by the protocols contained within the schools' individual policies.

#### The ODST:

- Has a duty to promote cooperation between the relevant partners with a view to improving the well-being of pupils with regard to their physical and mental health, education, training and recreation
- Will provide support, guidance, training and advice to school staff
- Will work with schools to support pupils with medical conditions
- Will make alternative schooling arrangements should that become necessary

#### **VISIBILITY**

- All staff will be advised of the local governing body's policy during induction.
- All staff should be made aware of children with medical needs.
- The school's policy will be made readily accessible to all stakeholders including, but not limited to staff, healthcare professionals and parents/carers.
- It will be available on the school website or as a 'hard copy' on request.

#### **PROCEDURES**

When the school is notified that a pupil has a medical condition, arrangements will be put in place to support that pupil. The school will:

- Consult with parents
- Contact relevant external agencies for guidance and advice
- Make judgements as to how to meet needs when the medical condition is not yet clear or medical evidence is missing

## **INDIVIDUAL HEALTHCARE PLANS (IHCPs)**

Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, the Headteacher will ensure that an Individual Health Care Plan (IHCP – see [Appendix A](#)) is put in place. Advice on the development of an IHCP can be found in [Appendix B](#).

- The school and the parents/carers should jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place should have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so.
- Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.
- IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014. (See [Appendix A](#).)
- In cases where a child is returning to school following a period of hospital education or alternative provision, the school should work with the LA and/or ODST/other education provider to ensure that the IHCP identifies the support the child needs to reintegrate quickly and effectively.
- All school staff must be made aware of children with IHCPs and their conditions by highlighting the issues at staff meetings and through individual briefings for teachers and other staff with specific responsibility for the pupil.
- Administration of medication should only be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and countersigned by the Headteacher.
- Should a child refuse medication, the school will not force them to take it but contact the parents/carers as a matter of urgency.
- The IHCP must detail what symptoms constitute an emergency and what actions to take. The school must ensure that procedures are in place for such an emergency situation and that, in addition, contingency arrangements are also in place.
- The IHCP must be reviewed if there is any change in circumstances, or at least annually, whichever occurs first.

An Individual Healthcare plan can provide clarity about what needs to be done, when and by whom. A plan will often be essential and used when there is a high risk that emergency intervention may be needed. A plan may also be helpful in situations where a medical condition is long term. Not all children with a medical condition will require an Individual Healthcare plan. The school, healthcare professional and the parents will agree when an Individual Healthcare plan should be used. Should there be no consensus of opinion the Head Teacher will take the final view. An IHCP should be matched proportionately to the needs of a specific pupil, be easily accessible and preserve confidentiality. The plan should state the key actions and information to support the pupil and remove the barriers to education and enjoyment:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's medical needs
- specific support for educational needs
- the level of support needed
- who will provide the support
- arrangements for written permissions from parents
- separate written arrangements for school trips
- the names of designated individuals for confidential matters

- what to do in an emergency
- collaborative working arrangements

### **Staff Training:**

Staff may require additional training to support a child with medical needs. The Head Teacher is responsible for ensuring that the necessary training is undertaken and completed. Such training must be by a recognised body.

### **Record keeping:**

- Written records of all medication administered to children are to be kept.
- In addition to the usual general medicine log used for all children (See [Appendix C](#)), any medicine administered to a child with an Individual Health Care Plan (IHCP) should also be recorded separately (See [Appendix B](#)).

### **Offsite Learning:**

- *All Staff* should be aware of how a child's medical condition impacts on their ability to participate and there should be enough flexibility for all children to participate according to their abilities.
- Offsite learning can bring about additional risks and the nominated member of staff leading the trip (Trip Leader) is responsible for ensuring that the necessary risk assessments have been carried out. The nominated Trip Leader(s) must also ensure that arrangements are made in accordance with Section 2 of this Policy such that any required medication is made available.

### **Emergency Procedures:**

In a case of emergency normal school emergency procedures will be followed. Please refer to First aid training, IHCP procedure and the schools general emergency procedure. If a child needs to be taken to hospital staff will stay with the child until the parents arrives and may accompany the child to the hospital if it is practicable to do so and advised by the paramedics.

### **Unacceptable Practice:**

The school expects the use of discretion and judgement by school staff, judging each case on its merits with reference to the child's individual healthcare plan. However, they are clear it is not acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- should a pupil become ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- 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.

## OTHER PROCEDURES

### Managing medicines in school:

*There is no legal duty that requires school staff to administer medicines. Individual members of staff may agree to or decline this responsibility. When staff agree to administer medicines this will be to the best of their ability within the busy remit of the school day. Parents must remember that staff are human and therefore fallible!*

- Medicines should only be administered at school when it would be detrimental to a child's health or learning not to do so.
- Where clinically possible, medicines should be prescribed which enables them to be taken outside of school hours. {It is to be noted that medicines that need to be taken three times a day could be taken prior to school in the morning, after school hours and then prior to bedtime.}
- No child will be given prescription or non-prescription medicines without their parent's written consent<sup>1</sup>.

### Non-prescription medicines:

- Un-prescribed medication, e.g. for pain relief, must only be administered with the written consent of the parent/carer who should have completed the "Parental Agreement for school to Administer medicine" form (or similar) ([See Appendix D](#)).
- Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a record made of the administration. The school will always inform parents/carers that medication has been given.

### Prescription medicines:

- Prescription medicines or controlled drugs that have **not** been prescribed by a medical practitioner will **not** be administered in school.
- Where possible parents/carers should be encouraged to administer medication outside school hours.
- The school will only accept prescribed medicines which are in the child's name and that are:
- in date;
- labelled and intact;
- provided in their original container as dispensed by a pharmacist; and
- include instructions for administration, dosage and storage;

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<sup>1</sup> This includes medication that contains Aspirin. Aspirin should never be given unless prescribed by a doctor.

- The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.
- *Medicines must only be administered according to the instructions on the pharmacy label and with written parental consent.*
- Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this.

#### **Records:**

- In line with DfE 2014 guidance, the school will keep a written record of all medicines administered to any child (See [Appendix C](#)) and also to individual children with IHCPs (See [Appendix B](#)). These records will include:
  - What was administered (including the dose);
  - When it was administered (date & time);
  - Who administered the medication.

Any side effects of the medication administered at school will also be noted.

#### **Self -Management/Administration**

The school will support and encourage children to take responsibility for managing their own medicines. This is particularly appropriate for those who need inhalers. Inhalers should be kept upon the child's person as far as practicable. A second inhaler should be kept in the school first aid kit as back-up. If children are able to take medicines themselves a member of staff need only to supervise. Parents will need to complete a parental consent form if this is the case. Where children have been prescribed controlled drugs these should be kept in safe custody whilst remaining accessible to children for self-medication purposes.

#### **Refusal**

If a child refuses to take medicine, staff should not force them to do so, but will note this in the records and follow agreed procedures as set out in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

#### **Parental Administration and Responsibilities**

Parents are welcome to come in to school to administer medicines to their children and should negotiate with the teacher beforehand about a sensible time for this to happen.

- Parents should always provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:
  - name of child
  - name of medicine
  - dose
  - method of administration
  - time/frequency of administration
  - any side effects
  - expiry date
- Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.
- Parents will be asked to complete a form to record details of medicines in a standard format.

- Parents will be asked to complete a form to agree that a member of staff will administer medicine to their child.
- If a parent wishes another person such as a childminder/carer to administer medicines they should provide written instruction for this to happen.
- Parents *must* let the school know when the medical needs for their child change.

### **Staff Responsibilities:**

Any member of staff giving medicines to a child should check:

the child's name  
 prescribed dose  
 expiry date  
 written instructions provided by the prescriber on the label or container

- Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with the school nurse/appropriate practitioner
- Records must be kept. School staff will complete and sign a written record each time they give medicine to a child. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult. (In the case of Early Years parents will need to sign the record book to acknowledge the entries.)

### **Storing and disposal of Medicines:**

All medicines are stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises. 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. Controlled drugs that have been prescribed for a pupil (where the pupil is not deemed competent) are securely stored in a *portable* container and only named staff have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

- Parents/carers are responsible for ensuring that the correct, in date, medication is supplied to the school in a timely fashion. The school will ensure that medication is kept securely in the cabinet or the fridge in the staff room where it can only be accessed by authorised staff, unless clear alternative instructions are received.
- Inhalers will be kept by the child, with the parents consent, and a back-up inhaler kept in the first aid packs. Each inhaler must be clearly labelled with the name of the child and the dose
- Controlled drugs are kept in the class portable container, as agreed with the parents, because the class is frequently off the premises and require ease of access
- When prescription medicines are no longer required or out of date, they should be returned to parents/carers. It is the parents/carers responsibility to collect and dispose of such medication.
- The school should notify parents/carers if medication supplies are low. The school will endeavour to give notice when 10 days' supply remains to allow repeat prescriptions to be obtained.

- The school must use ‘sharps’ boxes for the disposal of needles and other sharps. These will be requested from the school nurse when applicable.

### **Epipens, Asthma equipment and other Emergency Medication:**

- Sufficient staff will be given appropriate training in the administration of emergency & other medication where necessary. Their names should be displayed in staff rooms and/or medical rooms.
- Arrangements will be made to ensure that immediate access to emergency medication is available

Schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a [protocol](#) which provides further information.

- Wherever there are specific requirements needed with a controlled medicine, to meet the needs of an individual in school, the school will work within the medical and DfE guidance regarding this.
- Emergency medication will always be taken if the student goes out on a trip and identified; trained staff will be designated to administer any medication if required.

***The school will not accept medicines that have been taken out of the original container or accept changes of dose on the instruction of parents.***

### **Illness during the school day - School Premises:**

- If a child becomes ill during a school day, their class teacher should assess and monitor the child. If there is no noticeable improvement over a reasonable period, the school office should be informed. The office will then try to contact the child’s parents or other contacts. If successful, the child may be collected. If it is not possible to contact anyone from the contact information, the child should remain in school and continue to be monitored regularly.
- If the child complains of a headache medication can be administered to any child (age appropriate) whose parents/carers have instructed the school and completed the necessary permissions. The details should be recorded in the general record of medicine administered to all children (See Appendix C). This is kept in the school office. Parents should also be notified.
- In a case of a child becoming seriously unwell or suffering serious injuries, attempt must be made immediately to contact the parents/carers and any other relevant services. Staff should not delay, waiting for parental contact but call 999 for an ambulance. Unwell or injured pupils should not be transported to hospital or a surgery by staff cars.
- When administering first aid, whenever possible, adults should ensure that another adult is present and aware of the action being taken.
- Parents/carers should always be informed when first aid has been administered.
- Medicines should only be administered at school when it would be detrimental to a child’s health or learning not to do so. Verbal consent prior to administering a medicine must be sought from parents/carers wherever possible even for non-prescription medicines.
- No child should be given prescription medicines without their parent’s written consent.
- No child should be given Aspirin unless prescribed by a medical practitioner.
- Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when any previous doses were taken. Parents/carers should be informed.

- Prescribed medicines must only be accepted if they are in-date; labelled; provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin. It can be accepted in an Insulin pen or pump rather than its original container but must still be in date.
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, children should know who holds the keys to any storage facility. Some medicines and devices, e.g. Asthma inhalers, should be readily available to children and not locked away. This is particularly important when outside of school premises.
- A child who has been prescribed a controlled drug may legally have it in their possession provided they are competent to do so. However, passing it to another child is an offence and staff should remain vigilant to this possibility with appropriate monitoring procedures in place.
- Subject to the above, controlled drugs that have been prescribed for a child, should be stored securely in a non-portable facility with only named staff having access. However, the controlled drugs should remain accessible quickly in an emergency.
- A record should be kept of any doses used and of the amount of the controlled drug held in school.
- Only qualified staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record must be kept of all medicines administered to individual children (See Appendix B). Such records should state what and how much was administered. It should also include when it was administered and by whom. Any side effects of the medication to be administered at school should be noted.
- Any out of date or unused medicines should be returned to the parent/carer for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Parents/carers should be advised when approximately 10 days' worth of the medicine remains to allow time for a repeat prescription to be obtained.

### **Offsite Learning:**

Offsite Learning can bring about additional risks and staff should adhere to the additional guidance below:

- In all instances, the Trip Leader will collect any necessary medication and follow normal guidelines or requirements set out in any IHCP and take any plans appropriate to the individual child.
- For **part-day visits**, children should, wherever possible, take their medication prior to and after the visit.
- For **full-day visits** the Trip Leader should ensure that parents/carers have completed the relevant Parental Consent Form giving all relevant information.
- For **Residential visits**, the Trip Leader is responsible for checking medical needs of all children. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place. The school will need to consider what reasonable adjustments are needed to enable children with medical needs to participate fully and safely on visits. Special risk assessments may need to be made for children with medical conditions before taking part in educational visits. These should be done in consultation with healthcare professionals and parents.
- Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and

relevant emergency procedures. A copy of any IHCPs should be taken on visits in the event of the information being needed in an emergency.

- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.
- Medicines administered on short trips and residential visits will be managed following the same procedures as above

### **Sporting Activities**

Special risk assessments may need to be made for children with medical conditions before taking part in sporting activities. These should be done in consultation with healthcare professionals and parents. There should be sufficient flexibility for all children to engage in ways appropriate to their own abilities; adjustments may need to be made. For many, physical activity can benefit their overall social, mental and physical health and well-being. Teachers should be aware of how a medical condition may impact on participation and any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs. 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. Staff supervising sporting activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken as well as emergency procedures.

### **Emergency Procedures:**

- Staff should maintain good practice always.
- For children with an IHCP, details of what constitutes an emergency and how this should be dealt with is detailed in the child's IHCP. Staff must comply with these requirements at all times.
- If a staff member believes that a child's situation is an emergency they must contact another member of staff and the emergency services without delay.

### **Unacceptable Practice:**

Staff need to be aware that children with medical needs often require additional considerations and should ensure that they adhere to the requirements laid down in the earlier sections of this policy.

### **Insurance:**

The staff of all ODST schools are adequately covered through the government's RPA insurance scheme in providing cover for staff who administer to children with medical needs. Details of the cover provided is available from the Trust's Operations Manager.

### **Complaints:**

Should parents or pupils be dissatisfied with the support provided by the school they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

### **Further Information**

For further information including safeguarding legislation please refer to the DfE Supporting Pupils at school with medical conditions September 2014.

## Other Issues

- Should a child with an IHCP use home to school transport then the transport company should be informed so that they know what to do in case of emergency.
- The school may hold an emergency inhaler. If this school decides to hold an emergency inhaler then all Department for Health protocol will be followed.

This policy complies with the following guidance:

- Children and Families Act 2014
- Equality Act 2010
- Special Education Needs and Disability Code of Practice
- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
  
- **Appendix A:** Individual Health Care Plan (IHCP)
- **Appendix B:** Developing an IHCP.
- **Appendix C:** Record of medicine administered to individual children.
- **Appendix D:** General record of medicine administered to all children.
- **Appendix E:** Parental Agreement for school to administer medication including
- **Appendix F:** Request for child to carry his/her own medication

Appendix A

**Individual Health Care Plan**

**Child information:**

Child's Name:
Date of birth:
Class:
Child's address:
Medical condition:
Date:
Review Date:

**Family Contact Information:**

Primary Contact Name:

Relationship to child:

Phone No.(s) Home:

Mobile:

Work:

Secondary Contact Name:

Relationship to child:

Phone No.(s) Home:

Mobile:

Work:

**Hospital/Clinic Contact Information:**

Name of establishment

Contact Name (if any):

Phone No.(s) Primary:

Secondary:

**GP Contact Information:**

GP Name:

Name and Address of Practice:

Phone No.(s) Primary:

Secondary:

Who is responsible for providing support in the school?

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

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

Daily care requirements

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

Arrangements for school visits or trips etc.

Other information

**EMERGENCIES:** Describe what constitutes an emergency and action to be taken if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Staff training needed or undertaken – who, what, where, when.

This plan has been developed and agreed by:

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

**Parent/Carer consent:**

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Dr South's Primary School staff to administer medicine in accordance with the school Policy.*

*I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.*

Name: \_\_\_\_\_

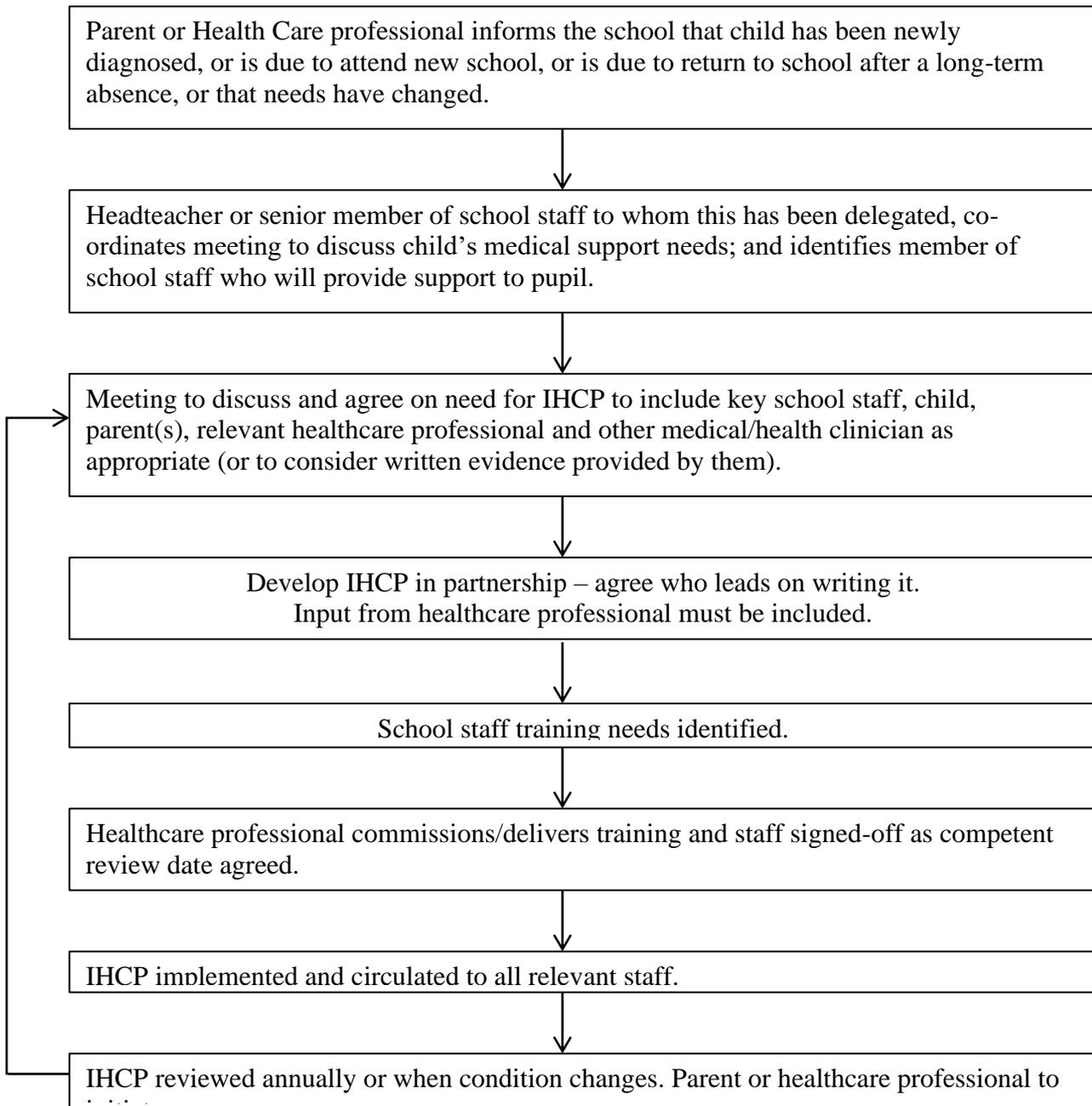
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Form copied to:

Appendix B **Model process for developing individual healthcare plans**

Developing an IHCP



Appendix C (Use this form for prescribed medicines)

**Record of medicine administered to an individual child**

Name of Child		Age:	
Date Medicine provided by parent			
Group/Class/Form			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity used			
Dose and Frequency used			

Signature of staff member			
Signature of Parent/Carer			

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

Date		
Time given		
Dose given		
Name of staff member		
Staff initials		

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Appendix E

**Parental agreement for school to administer unprescribed or prescribed medication**

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

**Medicine**

Name (as printed on the container):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the school needs to know about:	
Procedures to take in an emergency.	
Self-Administered	Yes/No

**Contact details**

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to: \_\_\_\_\_

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

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

Appendix F

**Request for child to carry his/her own medication**

The Parents/carers must complete this form

If staff members have any concerns, discuss this request with a health care professional

Name of Child	
Class	
Name of medicine	
Procedures to take in an emergency	

**Contact Information**

Name	
Daytime telephone number	
Relationship to Child	

I would like my child to keep his/her own medicine on him/her for use as necessary.

*The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school if the medicine is stopped.*

Signed: \_\_\_\_\_

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

**If more than one medicine is to be given a separate form should be completed for each one.**

.....**School Use Only**.....

Request Approved: Yes/No. If No, parent/carer should

# **DFE Templates**

**Supporting pupils with medical conditions**

**May 2014**

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## Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Template C: record of medicine administered to an individual child

Name of school/setting  
 Name of child  
 Date medicine provided by parent  
 Group/class/form  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials






# Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Template F: contacting emergency services

**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.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



## Template G: model letter inviting parents to contribute to individual healthcare plan development

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 the each pupil 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 individual health care 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]. 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 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



Department  
for Education

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