

Managing Medical Conditions in School Policy 2025 - 2026

The aims of this policy are to ensure that:

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

The governing board will implement this policy by:

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

Legislation and statutory responsibilities:

- This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions
- It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).
- This policy also complies with our funding agreement and articles of association.

Roles and responsibilities

The governing board

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

The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child's condition
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure the school nursing service is contacted in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/carers will:

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

Pupils

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

School nurses and other healthcare professionals

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

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

Equal opportunities

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

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

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

Being notified that a child has a medical condition

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

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

Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school office team.

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

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

- What needs to be done
- When
- By whom

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and school office team will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

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

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an HCP (Template B). As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage, administration and disposal for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- Paracetamol (Liquid)
- Antihistamine (Liquid)

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent gained via Arbor and at the time of administering for symptoms that arise during the school day.

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

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded and the parent/guardian informed. Parents/guardians **are expected to remove any** remaining medicine from school once the prescribed course has been completed or expired.

We will require a form to be completed per medication (even if it's a duplicated item as they may have different expiry dates). All forms will be checked by the office to ensure that the information you have provided matches the box and the dispensing pharmacy label.

It is the responsibility of staff administering medication to ensure instructions on the dispensers' label are followed. The person administering medication must be witnessed by another member of staff and the consent form (Template A) signed by the person administering the medication and a witness.

Repeat prescription medication will require Template A to be completed each and every time repeated medications are renewed and bought into school.

The school will only accept prescribed medicines that are:

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

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

Medicines must be delivered to the School Office and handed to a member of the office staff with the appropriate consent form (consent form A) completed. The school will inform the parent/guardian of the time and dose of any medication administered by email via Arbor.

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

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

Controlled drugs

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

A pupil who has been prescribed a controlled drug will have their medication kept in a secure cupboard in the school office and only named staff will have access.

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

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent pupils from participating, or create unnecessary barriers to pupils participating

in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child

- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

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

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

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the Individual Health Care Plan. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

Short term ad-hoc non-prescribed medication - The school will request parent/guardian consent to administer ad-hoc non-prescription by completing Template A or by contacting the parent/guardian to gain consent at the time of administration. Parents/Guardians are informed (via the School website and stated on medication form on Arbor) of the need to inform the school if there are any changes to consent gained when they completed the consent form on Arbor. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

Prescribed and non-prescribed medication - each request to administer medication must be accompanied by an 'agreement for School to administer medication' form (Template A)

Prescription Medicines

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template A
- medication is licensed as suitable for the pupil's age; medication is suitable for the pupil i.e. if a pupil is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); and accompanied by parental/guardian consent (Template A) and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

As a preventative, i.e. in case the pupil develops symptoms during the school day; if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time; any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the 48 hours, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home or out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional, the school will continue to administer medication at their own discretion.

A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.

Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school

If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of paracetamol (liquid e.g. Calpol) and antihistamine (liquid e.g. Piriton) will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- Standard paracetamol will be administered in liquid form for the relief of pain i.e. headache.
- For mild allergic reaction – antihistamine (see Anaphylaxis)

Travel sickness

Medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Written parental consent will be obtained.

Only 1 dose of any of the above medications suitable to age of the pupil will be administered during the school day.

Pain relief protocol for the administration of Calpol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) then:

The school will contact the parent/guardian and confirm that a dose of pain relief (paracetamol) was NOT administered before school & ensure the consent form on Arbor has been completed. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.

If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as advised by Asthma specialists. Pupils with asthma will be required to have an inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler.

Parents should:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in developing and reviewing their child's individual healthcare plan
- Provide the school with the necessary medicines and equipment
- Make sure that they or a nominated adult are contactable at all times

The school will develop an Asthma Care Plan (Template C) for all those pupil's asthma.

Emergency inhalers

An emergency inhaler can be supplied to a pupil who's known to suffer from asthma, where it's needed in an emergency, according to the [Human Medicines \(Amendment\) \(No.2\) Regulations 2014](#).

The DHSC's [guidance](#) (page 14) recommends that emergency inhalers should only be used by children who have written parental consent for the use of the emergency inhaler, **and** who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, **or**
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

Parental consent to use the emergency inhaler is required and completed on the Asthma Plan (Template C). Parental consent to administer the 'school inhaler will be gained when the asthma care plan is completed.

The school will hold a register of the pupils diagnosed with asthma and if parental consent has been given, to administer the emergency school medication. The school will be responsible for ensuring the school medication remains in date.

All staff receive regular asthma training and are trained to recognise the symptoms of an asthma attack, this policy, how to check if a child is on the asthma register, how to access the inhaler. [Lianna Vaughan-Game](#) and Karen Warrington are responsible for maintaining the emergency asthma kit. These members of staff should:

- Every month, check that the inhaler and spacers are present, in working order, have enough doses, and are in date
- Get replacement inhalers when the expiry date is approaching
- Replace spacers when they have been used

General information on how to respond to an asthma attack in school.

In the event of an asthma attack:

1. Encourage the child to sit up and slightly forward
2. Help the child to take 2 separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs
3. If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve
4. Stay calm and reassure the child
5. Call an ambulance if the child doesn't feel better or if you're worried at any time before reaching 10 puffs
6. If the ambulance doesn't arrive in 10 minutes give another 10 puffs, following the same pattern as step 3

Call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

Storage of medications

- Medications are stored in a red box inside of a cupboard clearly labelled with the sign 'inhaler kit'.
- The school keeps an asthma register containing information of all pupils with asthma or those prescribed a reliever inhaler.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendations that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Parental consent to administer the 'spare' AAI will be gained when the child's individual health care plan is completed. The school will hold a register of the pupils diagnosed with anaphylaxis and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E.

Hay fever

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils HCP. The school will administer 1 standard dose of antihistamine (appropriate to age of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

In a medical emergency, first aid is given, an ambulance is called and parents/guardians are notified. Should an emergency situation occur to a pupil who has an HCP, the emergency procedures detailed in the plan are followed, and a copy of the HCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff.

Parental consent to administer the 'spare All' will be gained from the child's Allergy Action Plan or their individual healthcare plan. The school will hold a register of the pupils diagnosed with anaphylaxis and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Parents are expected to provide 2 in date auto-injectors for administration to their child.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in the school office and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school (Template A)

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication according to age and ability. Appropriate arrangements for medication should be agreed and documented in the pupil's HCP and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template A).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil or kept in the Medical Room. The school will make an assessment as to the competency of each individual pupil to carry their own medication, and a detailed HCP will give full details relating to this. Parents will be asked to supply a second adrenaline auto injector and/ maybe asked for a second asthma inhaler for each child and they will be kept in the Medical Room. Staff must ensure that emergency medication is readily available at all times i.e.

during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardians will also be informed if their child has been unwell during the school day and medication has been administered.

Educational Visits

Any medicines required by a student that would need to be taken on an educational visit/trip the student is attending will be part of the overall risk assessment for the visit/trip. Medicines not self-managed by students will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. Members of staff who lead trips are expected to seek advice from SLT or school office at least 2 weeks in advance of the visit/trip date in relation to any questions they have relating to medication/ pupils' medical needs.

Sporting Activities

Due care and attention is taken in ensuring the medical needs of individual students, including those who may suffer from an asthma attack, are met. Staff are expected, as necessary to have to hand any emergency type medication they could need during lessons (epipens or inhaler are examples). Both of these must be labelled clearly with the student's full name and date of birth and it is the responsibility of the student/parent/carer to do this.

The Governing Body

The governing body will be made aware of this policy and its role in being generally responsible for all school policies.

The Head Teacher

The Head Teacher will ensure that all staff receive appropriate support and training and aware of this policy. Likewise, the Head Teacher will inform the parents of the policy and its implications for them. In all complex cases the appropriate staff member (Head Teacher/Deputy Headteacher) will liaise with the parents and where parent expectation is deemed unreasonable then further advice will be sought. We encourage parents/guardians to get as much information directly from the lead medical professional as possible to enable the school to put in place the best possible plan/care for the child.

Teachers and Other Staff

All staff are regularly updated by the medical room of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts.

CONSENT TO ADMINISTER MEDICATION

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

NB: Medicines must be in the original container as dispensed by the pharmacy, with the pharmacist's label showing child's name, details of medication and dosage.

Child's name:	Date of birth:	Class:
Name of medication:	Type of medication: <i>(please circle, as appropriate)</i> prescription/ pain relief/ antibiotics/ other _____	
Medical condition medicine is for:		
Date medicine provided by parent/ carer:	Quantity received:	
Dose & frequency of medicine, & storage instructions if applicable <i>(eg, in fridge)</i> :		Time of dose(s):
Expiry date:	Precautions/side effects, (if any):	
Procedures to take in an emergency (if applicable):		

I confirm that the above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff to administer the above medicine in accordance with school policy and the information above. I will inform the school immediately if there are any alterations to any of the information given above.

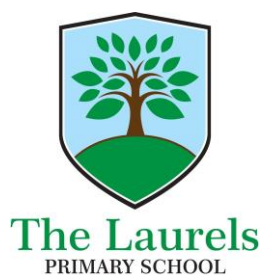
Parent/ carer signature _____ (please print) _____

Office use only – please tick and complete as required		
Name of medication checked	☐	
Pharmacy label matches all details	☐	
Expiry date checked and recorded here:		
If autoinjector or inhaler , please update IHCP/ ACP / add to register as required, and tick here when done ☐		

Staff Name:

Staff Signature:

Date:



INSERT
PHOTO

INDIVIDUAL HEALTHCARE PLAN

Name of School/Setting	The Laurels Primary School		
Student's Name			
Student's Address			
Date of Birth			
Tutor Group			
Medical Diagnosis/Condition			
Date Healthcare Plan issued		Review Date	
Plan Developed with			
Evidence and full details on Student File			

Family Contact Information

1st Contact	
Name and relationship to student	
Home telephone number	
Mobile number	
Work number	
2nd Contact	
Name and relationship to student	
Home telephone number	
Mobile number	
Work number	

Hospital/GP Contact details

Name of Hospital/ Supervising GP/Consultant/Clinician	
Contact details (address/telephone number)	
Name of GP	
Telephone Number	

Describe medical condition and give details of symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

--

Daily care requirements: (for example, before sports and other activities/breaktimes). Please be specific to times/subject areas, where possible.

--

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

--

Arrangement for school visits/trips etc

--

Other Information/ Dietary Requirements

--

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

--

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

--

Staff training needed/ undertaken –(who, what & when)

--

Form Copied to

--

I agree that the medical information contained in this document may be shared with individuals involved in my child's care and education.

Parent/Carer Name.....Signed:.....Date:.....

Parental Consent:

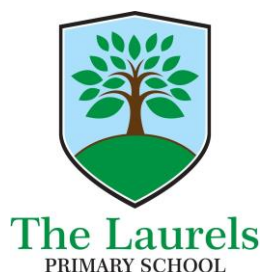
I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenalin autoinjector (AAI) if available, in accordance with Department of Health & Guidance on the use of AAI's in schools.

Signed

Print Name.....

Date.....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk



Asthma Care Plan

To comply with the schools Asthma Policy, we ask that all parents of children with asthma complete a School Asthma Care Plan for their child at the beginning of each school year. A copy of the Care Plan can be found overleaf.

The School Asthma Care Plan will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The asthma plan will help school staff to better understand your child's individual condition.

Our records state your child suffers with asthma, I would be grateful if you could complete and return the attached care plan to the school office as a matter of urgency.

If your child no longer requires an Asthma Care Plan please complete the parental update section on the form overleaf and return to the school office.

We look forward to receiving your completed form shortly and thank you for your co-operation.

Your Responsibilities:

- to inform us of any changes in your child's asthma and/or asthma medication
- to ensure your child has their 'reliving' inhaler with them in school and that it is clearly labelled with their name and displays the prescription label **(we can no longer hold inhalers/medication in school without the prescription label supplied)**
- ensure your child's inhalers have not expired
- your child's inhalers are in school
- your child should not be exposed to cigarette smoke

ASTHMA CARE PLAN

Student's Name	Date of Birth	Year Group	
Date Asthma Diagnosed			
Usual Treatment Reliever (Please note we are unable to accept inhalers/medication in school without the original prescription label attached. The label is usually found on the packaging so please supply box or label)	Name of Inhaler:	Usual Dose:	
	Colour of Inhaler:	Is it required pre-exercise: YES/NO (If yes, how many puffs)	
Please tick the appropriate statements ☐ Inhaler provided to school ☐ My child requires a spacer and I have provided this to the school office ☐ My Child does not require a spacer ☐ I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible ☐ My child carries their own inhaler			
Describe how the asthma affects your child including their typical symptoms and asthma 'triggers': 			
IN THE EVENT OF AN EMERGENCY			
- Take one puff of their reliever inhaler (Blue) used with a spacer every 30-60 seconds up to a total of 10 puffs If their symptoms are not relieved with 10 puffs of the reliever inhaler then this should be viewed as a serious attack Call Ambulance 999 - GP Contact Details:..... - Inform Parent/ Carer			
1 st Contact Name & Relationship	Home	Mobile	Work
2 nd Contact Name & Relationship	Home	Mobile	Work
In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to use the school's emergency reliever inhaler (blue) with a spacer.			

Parent/Carer Name.....Signed:.....Date:.....

Parental Update (only to be completed if your child no longer has asthma)	
My child.....no longer has asthma and therefore no longer requires an inhaler in school or on school visits	
Signed	Date
I am the person with parental responsibility	

bsaci ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: (if vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with 'spare' back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

Emergency contact details:

1) Name:



2) Name:



Additional instructions:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2007). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

sign & print name:

Hospital/Clinic:



Date:

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: (if vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
 - 2 Use Adrenaline autoinjector **without delay** (eg. Jext®) (Dose: mg)
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, do **NOT** stand child up
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

sign & print name:

Hospital/Clinic:



Date:

EpiPen to be completed by parent with consultant/GP

bsaci ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (if vomited, can repeat dose)
• Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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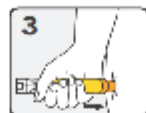
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

sign & print name:

Hospital/Clinic:



Date: